

State of Arizona  
Department of Economic Security  
Division of Aging and Community Services

# **Aging & Adult Administration Arizona State Plan**

**The Older Americans Act  
Fiscal Years 2001–2003  
October 1, 2000–September 30, 2003**

**Jane Dee Hull, Governor, State of Arizona**

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary  
Administration on Aging

Region IX  
50 United Nations Plaza  
San Francisco, CA 94102

August 28, 2000

The Honorable Jane D. Hull  
Governor of Arizona  
Capitol Building  
Phoenix, AZ 85007

Dear Governor Hull:

I am pleased to advise you that the Aging & Adult Administration Arizona State Plan on Older Americans Act Services for Arizona's Elders for Fiscal Years 2001 through 2003 is hereby approved. The Plan's strategies for addressing the mission of the Aging and Adult Administration to support and enhance the ability of at-risk and older adults to meet their needs to the maximum of their ability, choice, and benefit should provide for a comprehensive and coordinated system of services for older Arizona citizens, especially those in greatest social and economic need including minority and low income elderly.

I look forward to working with the staff of the Department of Economic Security, Division of Aging and Community Services in the implementation of this new State Plan on Services for Arizona's Elders. As always, the Regional Office is committed to providing the best customer service available in order to assist Arizona in any way possible.

Sincerely,

David Ishida  
Regional Administrator  
Administration on Aging

cc: John L. Clayton, Director, Arizona Department of Economic Security  
✓ Henry Blanco, Program Administrator, Aging and Adult Administration  
Catherine J. Dodd, R.N., Regional Director of DHHS

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## **Preface**

### **Arizona's State Plan**

Under the Older American's Act of 1965, each state is required to submit a periodic state plan to the Department of Health and Human Services, Administration on Aging. In Arizona, the development of a state plan is the responsibility of the Arizona Department of Economic Security, Aging and Adult Administration.

Arizona's plan is for a three year period spanning three consecutive federal fiscal years, beginning October 1, 2001 and concluding on September 30, 2003. Substantive amendments and updated information may be incorporated into the plan at the end of the first and second fiscal years.

Development of this plan is a cooperative effort involving the input from Arizona's eight Area Agencies on Aging, the Governor's Advisory Council on Aging, the general public, and other concerned agencies and organizations throughout the state.

### **Mission Statement**

The mission of the Aging and Adult Administration is to support and enhance the ability of at-risk and older adults to meet their needs to the maximum of their ability, choice, and benefit.

### **Major Functions**

A variety of programs and services are made possible through the Aging and Adult Administration and its contractees that enable older persons and vulnerable adults to remain independent in their communities.

### **Aging Services Funded by the Older Americans Act**

- ♣ Access Services
- ♣ Disease Prevention and Health Promotion Services
- ♣ In-Home Services: Provides for non-medical home and community based services that serve as options to nursing home care. Examples of services delivered as In-Home Services include: Homemaker Services, Home Health Aides, Home Visiting, Telephone Assurances, Chore Maintenance, Support Services, and Home Delivered Meals.
- ♣ Legal Assistance: Provides legal assistance to needy older Arizonans.
- ♣ Long-Term Care Ombudsman: The Long-Term Care Ombudsman is an advocate responsible for protecting the rights of residents of Arizona's long-term care facilities. The Long Term Care Ombudsman Program provides the following investigation and assistance in the resolution of complaints made by, or on behalf of older persons who are residents of long-term care facilities; advocacy for quality long-term care services; analysis and monitoring of issues

and policies that relate to residents in long-term care facilities; and training to volunteers and designated representatives of the office.

- ♣ Multipurpose Senior Centers
- ♣ Nutrition Services
- ♣ Senior Community Service Employment Program (SCSEP): Provides subsidized part-time employment for low-income persons age 55 and older. The expectation is that these persons will become employed in unsubsidized positions.
- ♣ Supportive Services

### **Aging and Adult Administration Services Funded by the State of Arizona**

The following services are funded by the State of Arizona and complement those mentioned above, but also cover those eligible individuals who are 18 years and older.

- ♣ Adult Day Care
- ♣ Adult Protective Services
- ♣ Homemaker
- ♣ Personal Care Program
- ♣ Respite Services
- ♣ Long-Term Care Ombudsman
- ♣ Program Development
- ♣ Adaptive Devices
- ♣ Home Care
- ♣ Case Management

### **Programs and Services Funded by Other Sources**

- ♣ State Health Insurance Assistance Program (SHIP): SHIP receives its funding through the Health Care Financing Administration and the Administration on Aging. SHIP provides information on Medicare, Medigap Insurance, Long-Term Care Insurance, and Medicare Fraud, Waste, and Abuse (Operation Restore Trust and Senior Patrol Project) to people who are eligible and their families. SHIP also provides information and referral to service providers on Medicare+Choice.
- ♣ Foster Grandparent Program (FGP): The FGP receives its funding from Corporation for National Service. FGP senior volunteers provide supportive services in health, education, and welfare, or related settings to help alleviate the physical, mental or emotional problems of children having special or exceptional needs.
- ♣ Alzheimer's Caregivers Are Really Extraordinary (CARE) Project: The Alzheimer's CARE Project receives its funding from the Administration on Aging. The three-year project was awarded on July 1, 2000. The Alzheimer's CARE Project will increase the availability and use of respite care, especially among Native American, Hispanic, and rural populations. The project will create a needs assessment, expand and develop culturally sensitive and linguistically appropriate programs and

materials, and develop and deliver training on dementia care mapping for persons with Alzheimer's disease or related disorders, their families, and their caregivers.

- ♣ Arizona Relatives As Parents Program (RAPP): The Arizona RAPP is funded through the Brookdale Foundation Group. The two-year program was awarded on July 1, 2000. The RAPP will facilitate the following: (1) provide technical assistance to foster the development of five new support groups for relatives taking on the role of surrogate parents; (2) with the collaboration of the Governor's Advisory Council on Aging, the RAPP will enhance the participation and commitment of persons involved in the Grandparents Concerns Task Force to include a wider range of experts within the tribal, legal, health care, education, social services, children, and aging backgrounds; (3) assist in successfully achieving the short term and long term range outcomes detailed by the Grandparents Concerns Task Force; and (4) participate in the discussion and development of a comprehensive plan that implements at least two Kinship Care pilot projects.

### **Overview of the Service System and Contracting**

The Older Americans Act services are provided under contract with eight Area Agencies on Aging. There are also contracts with 45 service providers for the Senior Community Service Employment Program (Title V).

The Adult Protective Services Program is administered by the Aging and Adult Administration through its six district offices.

### **Monitoring of the State Plan**

The Governor's Advisory Council on Aging was established in 1980 to provide a forum for discussion of aging issues and to advise the Governor, the Legislature and state agencies on issues relating to the senior population in Arizona. The Council is composed of 15 members appointed by the Governor who serve three-year terms and represent the geographic and ethnic diversity of Arizona. The Advocacy Goals of the State Plan on Aging are monitored by the Governor's Advisory Council on Aging. The Council requests quarterly updates from the Aging and Adult Administration. The quarterly updates are presented to the Governor's Advisory Council on Aging committee members.


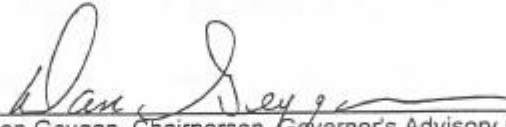
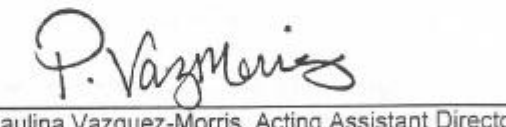

The Service and System Development Goals of the State Plan on Aging will be monitored by the Aging and Adult Administration. An annual review will be conducted within the administration to evaluate each goal and objective. The annual review will be the catalyst to update the administration's action plans in achieving the State Plan on Aging goals and objectives. A status report of the Advocacy Goals and Service and Systems Development Goals will also be incorporated into the Aging and Adult Administration's Annual Report.

## VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of Arizona for the period October 1, 2000 through September 30, 2003. It includes all assurances and plans to be conducted by the Department of Economic Security, Aging & Adult Administration under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging, in accordance with all requirements of the Act. It is primarily responsible for the coordination of all State activities related to the purposes of the Act; the development of comprehensive and coordinated systems for the delivery of supportive services, and to act as the effective and visible advocate for the elderly in the State.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan if approved by the U.S. Department of Health and Human Services, Assistant Secretary on Aging.

The State Plan on Aging, hereby submitted, has been developed in accordance with all Federal statutory and regulatory requirements.

<u>7-31-00</u> (Date)	 Henry Blanco, Program Administrator, Aging & Adult Administration, Division of Aging and Community Services
<u>8-4-00</u> (Date)	 Dan Geygan, Chairperson, Governor's Advisory Council on Aging
<u>8-8-00</u> (Date)	 Paulina Vazquez-Morris, Acting Assistant Director, Division of Aging and Community Services
<u>AUG 9 2000</u> (Date)	 John L. Clayton, Director, Arizona Department of Economic Security

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for final approval.

<u>8-9-00</u> (Date)	 Jane D. Hull, Governor
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## State Profile

Across America, the population of people 60 years and older is staying healthier longer, living longer, and able to work much later into their lives. As a result, older persons are taking on new roles and experiencing a different set of challenges. The need still remains, however, for a wide range of services and supports for older Arizonans who may require assistance with everyday activities. Services and supports should seek to provide the aging population with choices in the maintenance of independence and dignity, while also addressing the needs of their caregivers.

### Geographical and Demographic Trends and Characteristics<sup>1</sup>

Arizona's total population increased by 27.4% from 1989 to 1998. Sixty-one percent of the total population resides in the Greater Phoenix area, including Maricopa and Pinal counties. The Greater Tucson area is home to 17.9% of the population and the remaining 20.7% of the population resides in the balance of the state. According to the Department of Economic Security, Research Administration, Population Statistics Unit, Arizona is home to approximately 4.96 million persons in the year 2000. Of that number, 889,860, or 18% are persons age 60 and older. The projected growth of the population 60 years and older is expected to reach 1,032,931, or 18.6% of the total population by 2005 and 2,341,141, or 27.2% of the total population by 2030.

Although 68% of its residents are Caucasian, Arizona's cultural diversity is evidenced by the fact that 22% of its population is Hispanic, 5% is Native American, 4% is African American, and 2% is Asian American. Arizona's Hispanic population has grown by half (up 345,484 since 1990, 50.2%), surpassing one million in 1998. Hispanics accounted for 22.1% of the state population, up from 18.8% in the 1990 census. More than half the Hispanic growth occurred in Maricopa County. In percentage terms, Asians are the fastest-growing minority in the state, up 77.9% since the 1990 census. Asians accounted for 2% of the population in 1998, up from 1.5% in 1990. Seventeen percent of Arizonans are 60 years or older. Of that 85% are Caucasian, 10% is Hispanic, 3% is Native American, 2% is African American, and 1% is Asian American.

### Socioeconomic Status<sup>2</sup>

There are a significant number of older adults experiencing poverty. Of the older adults between the ages of 60-90, 40% experience at least one year below the poverty line and 48% experience at least one year below 125% of poverty. The Arizona Department of Health Services, Health Status Profile of Arizona's Older Adults indicated that the poverty rate for Arizonans 65 years and older ranged from approximately 1 in every 12 among non-Hispanic whites, 1 in 4 among Hispanics, 1 in 3 among African Americans, to 3 out of every 5 among Native Americans.

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<sup>1</sup> Demographics provided by the Arizona Department of Economic Security, Research Administration, Population Statistics Unit.

<sup>2</sup> Estimating the proportion of Americans ever experiencing poverty during their elder years, Rank, MR, et al, 1999.



### Health Status<sup>3</sup>

The likelihood of having a chronic disease or disabling condition increases rapidly with age. Seven of the ten leading causes of death are due to chronic diseases, arthritis and high blood pressure and are the most common chronic conditions affecting older adults in Arizona. These are followed in order of prevalence by hearing impairments, heart disease, cataracts, orthopedic impairments, chronic sinusitis, diabetes, visual impairments, and varicose veins. According to the Arizona Department of Health Services, an estimated 1.28 million visits are made annually to physician's offices in Arizona. The most frequent diagnosis of older adults seeing doctors include hypertension, diabetes, cataracts, heart disease, osteoarthritis, and glaucoma.

Based upon national data, almost 25% of Arizona's older adults have problems performing personal care activities of daily living. Those over the age of 75 are more likely to have difficulties performing personal care activities of daily living. The two commonly experienced activities of daily living difficulties are walking and getting outside. Difficulty with eating and toileting are the least frequently experienced. Approximately 28% of older adults experience difficulty with instrumental activities of daily living. The most frequent instrumental activity of daily living difficulty is with heavy housework followed by shopping. The least frequently experienced instrumental activity of daily living difficulty is with money management.

Older adults are at greater nutritional risk than at any other times in their lives because of the natural changes that occur along with aging. Factors that influence an older adult's nutrition status include the following: poverty, physical inability to shop, cook, and feed oneself, inadequate or monotonous diets, isolation, chronic or acute diseases, polypharmacy, unintentional weight loss or gain, oral and swallowing problems, alcoholism, poor appetite, and depression. Eight to 16% of seniors are food insecure. Forty-one percent of older adults participating in congregate meals have 3 or more chronic conditions and 59% of older adults receiving home delivered meals have 3 or more chronic conditions. Twenty-one percent of older adults participating in congregate meals and 63.9% of older adults receiving home delivered meals are unable to grocery shop. Seven and a half percent of older adults participating in congregate meals and 41.3% of older adults receiving home delivered meals are unable to prepare their own meals.

Over 50% of the 13,096 older adults who participated in Arizona senior nutrition programs from July 1997 to June 1999, were at high nutritional risk and over 32% are at moderate nutritional risk. Participation by ethnicity constituted the following: 58.3% were Caucasian, 11.4% were Hispanic, 3.4% were African American, 0.3% were Asian Americans, and 26.1% were Native American. In comparing the nutritional risk by ethnicity, Native Americans had the largest percentage of participants at high risk,

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<sup>3</sup> Sources used in this category were provided by the Partnership for Community Development, Arizona State University West, College of Human Services, [The Arizona Factbook on Aging](#) (1996); The Arizona Department of Health Services, Office of Older Adult Health, [Health Status Profile of Arizona's Older Adults](#) (1995); Nutrition Screening Initiative (1991), [Hunger Among the Elderly](#), Urban Institute (1993); [Serving Elders at Risk](#), Mathematica Policy Research, Inc. (1996); Nutritional Screening Initiative Data, Aging Information Management Systems, Arizona Department of Economic Security, Aging and Adult Administration (1999); The Alzheimer's Association, Fact Sheet (1999); and Medicine and the New Genetics: Human Genome Project Information at [www.ornl.gov/hgmis/medicine/medicine.html](http://www.ornl.gov/hgmis/medicine/medicine.html).

followed by Asian American, and African Americans. One and a half percent of the senior nutrition program participants were at extremely high nutrition risk. In FY 1999, 26.64% of 27,159 participants were at high nutritional risk. When comparing the nutritional risk by ethnicity for FY 1999, Caucasians had the largest percentage of participants at high risk at 57.82%, followed by Native Americans at 23.92% and Hispanic Americans at 15.04%. Nutrition programs face the challenge of (1) improving the nutrient intake of older adults through the provision of nutrient dense meals that supply at least 33% of the recommended daily allowance for key nutrients, (2) decreasing an older adult's social isolation through increased social interaction through congregate meals or home delivered meals (through the delivery person), and (3) improving an older person's quality of life by improving an older person's nutritional status and offering meals that are appetizing and culturally sensitive, while maintaining food safety.

It is estimated that 18 percent of older people have some mental health needs, especially in dealing with spousal and family loss, loss of physical health, loss of mobility, and independence. Isolation, loneliness, and depression are the most common mental health problems for older adults. Older adults have the highest suicide rate in both Arizona and the nation. According to the Mental Health Association of Arizona, 10-25% of aging adults have mental health problems that compromise their ability to be productive. Rural areas in Arizona and the U.S. have the higher rates of older adult suicide than urban areas. In 1992, the elder suicide rate in Arizona was 29.4% as compared with the national rate of 18.6%. In 1995, suicides among Arizona's older adults, which constitutes over 23% of all suicides, increased to 30%.

An estimated 78,000 Arizonans suffer from Alzheimer's disease and other forms of dementia. The Arizona Department of Health Services estimates that by 2020 the number of persons 65 years and older with Alzheimer's disease in Arizona will grow to approximately 145,000. The number of persons 65 and older in Arizona with moderate to severe Alzheimer's disease will increase by 85.1%, growing from 11,207 to 20,750 by 2020. Arizona is experiencing a dramatic surge in its aging populations and ranks third nationally in senior migration. The fastest growing segment of the population is the 85 years and older category, which also corresponds to the age of greatest prevalence of Alzheimer's disease.

Alzheimer's Disease often takes a devastating toll on family life. Since the needs of the affected person are changing constantly as the disease progresses, families must look to social service or health care providers for help and guidance. Case managers working in community settings are the "front line" providers, as they frequently encounter persons newly diagnosed or coping with a chronic disease. Persons with Alzheimer's generally live at home or in a community setting until the end stage of the disease; with family and friends meeting 75% of the care demands. According to the Alzheimer's Association, 80% of Alzheimer caregivers suffer from high levels of stress and nearly half suffer from depression. As a caregiver, recreation, chores, and employment become difficult or impossible to maintain. Although health and social

service case managers are usually effective problem solvers and know the system, few are expert in managing Alzheimer's disease.

All diseases have a genetic component, whether inherited or resulting from the body's response to environmental stresses. Genetics is playing an increasingly important role in the diagnosis, monitoring, and treatment of diseases. The Human Genome Project, sponsored in the Department of Energy and the National Institutes of Health has created the field of genomics. Genomics is the understanding of genetic material on a large scale. The medical industry is utilizing the knowledge, resources, and technologies resulting from the Human Genome Project to further understand genetic contributions to human health.

The successes of the Human Genome Project have enabled researchers to pinpoint errors in genes that cause or contribute to disease. The ultimate goal of the Human Genome Project is to use this information to develop new ways to treat, cure, or prevent human diseases. Within the next decade, researchers will find most human genes. Explorations into the function of each gene will shed light on how faulty genes play a role in disease causation and developing a new generation of therapeutics based on genes. Drug design will be revolutionized as researchers create a class of medicines based on gene sequence and protein structure function information. Gene therapy is a rapidly developing field which holds great potential for treating or even curing genetic and acquired diseases by using normal genes to replace or supplement a defective gene or to bolster immunity to disease.

#### Medicare Issues

Medicare was originally set up as an acute care health care system. Preventive care was not included in coverage when the program first started. Health care over the past 35 years has made significant advances in the care and treatment of numerous illnesses and diseases. Most of these treatments involve some form of drug therapy. The only avenue for drug coverage for Medicare beneficiary in Arizona is through a Health Maintenance Organization (HMO) or employee retirement plan. Based on reports from the U.S. Health Care Financing Administration, Arizona ranks third behind California and Oregon for the percentage of seniors belonging to managed care plans. The withdrawal of the HMOs from the Arizona Medicare market as of January 1, 2000, affected approximately 41,000 Medicare beneficiaries who were enrolled in these plans, 22,700 of which did not have an alternative plan to enroll in. As of January 2001, it is anticipated that an additional 21,000 persons will be affected by HMO withdrawals.

According a study issued June 26, 2000 by Express Scripts, a drug benefits company, drugs introduced since 1992 accounted for 41% of drug spending in 1999 and for 25% of all prescriptions filled during that year. Spending on prescription drugs averages \$387.09 per person in 1999, up 17.4% from the average of \$329.83 in 1998, but costs rose most rapidly for older Americans. The average price for prescription last year rose 18% for women 70-79, 20% for women 80 and older, 9% for men age 70-79, and 11% for men 80 and older.

According to a November 1999 report on how HMO withdrawals affect Medicare beneficiary benefits by Kaiser Family Foundation in, beneficiaries who experienced the greatest problems and impact of their HMO withdrawal from Medicare, were the under age 65 Medicare disabled, racial and ethnic minorities, the poor and near poor and those reporting only fair or poor health. This finding raises significant concerns since these groups include those who are most financially vulnerable and those who have the greatest need for continuing health care.

Five percent of beneficiaries reported that they did not get a prescription filled after they were disenrolled by their HMO because they thought it would cost too much or could not afford it. The lack of ability for this population to afford prescription drugs has caused lapse in the following of their medication regimens. For example, couples where both persons are in need of medication will purchase their medications every other month and take the medication every other day in order to utilize the one month supply for a two month period. Medications are collected from families of persons who have passed away by churches and organizations who in turn provide these medications to medically needy persons who cannot afford the prescriptions.

Medicare fraud, waste, and abuse occurs in Medicare+Choice Managed Care Plans as well as in Medicare Fee-for-Service. Medicare pays the managed care plan a monthly capitation rate for each beneficiary enrolled. The plan then assumes the risk of the beneficiary's health care costs. Medicare fraud occurs when the managed care plan limits or withholds services, or seeks to enroll only 'healthy' beneficiaries into its program. The potential for fraud, waste, and abuse in the Medicare system increases when the beneficiary is limited to the single option of receiving Medicare-Fee-for-Service. With Medicare Fee-for-Service, the provider bills Medicare directly for each medically necessary service that is provided to the beneficiary. The provider is paid according to a Medicare fee schedule. When Medicare pays the claims submitted by the provider, payment funds come directly from the Medicare Trust Fund. Under the Fee-for-Service plan, the provider charges Medicare directly and receives direct payment for each claim submitted from the Medicare Trust Fund. Medicare fraud occurs when the provider claims services were provided to a beneficiary when they were not, or that the services were major in nature, when they were minor services.

Increasing the awareness of Medicare beneficiaries to recognize Medicare fraud, waste, and abuse becomes crucial to the solvency of Medicare. Under Medicare+Choice Managed Care Plans, the beneficiary rarely receives a notice of services performed. The beneficiary is not aware of the provider's claims to the managed care plan for their services. Under Medicare Fee-for-Service, beneficiaries receive a Medicare Summary Notice (MSN) statement informing them of the services they received from the provider. It is crucial for beneficiaries to review the statement in order to reduce Medicare fraud, waste, and abuse.

### Older Persons as Caregivers<sup>4</sup>

America's traditional family is undergoing several transformations and changing the role of caregivers as it is currently known. Over the past decade, fertility and mortality have declined. The proportion of the population at older ages has expanded while the number of younger family members available to care for these older people has decreased. The so-called "sandwich generation" represents persons who find themselves caring for elderly parents while also caring for their own children. The increases in life expectancy experienced in most countries have enhanced the likelihood that middle-aged adults will find themselves caring for older parents. However, older persons are also becoming primary givers of care. In addition to caring for their spouses, older persons are also raising their grandchildren and caring for their developmentally disabled adult children.

The first category of older persons as caregivers is grandparents raising grandchildren. According to the U.S. Census Bureau, in 1997, about 5.4 million children, or 7.7 percent of all children in the United States (more than one in 20 children), were living in homes with a grandparent. A grandparent maintains the household in three-fourths of families that have both grandparents and grandchildren. The remaining one-fourth consists of parents maintaining homes in which grandparents and grandchildren live together. In 1997, 3.9 million, or 5.5 percent of children living in the United States, lived in a household maintained by a grandparent. The following reasons account for the increase in grandparents raising grandchildren: drug abuse among parents; teen pregnancy; divorce; the rapid rise of single parent households; mental and physical illnesses; AIDS; crime; child abuse and neglect; and incarceration. Currently, statistics are not available to account for grandparents who are raising their grandchildren in Arizona.

The second category of older persons as caregivers is aging parents caring for their developmentally disabled adult children. Nearly two-thirds of people with developmental disabilities, the majority of whom are adults, live with their families. As the baby boom generation ages, there are growing demands for public services that are appropriate and cost-efficient. In addition, federal policy changes, residents' preference, and budgetary considerations place states under pressure to provide community services for people moving out of institutional care settings. About 70% of public funding for residential and day services for people with such developmental disabilities as mental retardation, cerebral palsy, autism, or epilepsy, is provided through Medicaid. In 1996, 479,862 persons with developmental disabilities were living with caregivers age 60 or older throughout the United States. In Arizona, there were 8,898 developmentally disabled persons living with elderly caregivers. As the aging caregivers die or can no longer provide assistance, additional demands will strain services that already have waiting lists in most states.

### Long Term Care<sup>5</sup>

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<sup>4</sup> Sources used in this category were provided by the Arizona Department of Economic Security, Research Administration, Population Statistics Unit; the United States Census Bureau; and "Aging and Developmental Disabilities: Demographic and Policy Issues Affecting American Families" by David Braddock, Mental Retardation, Volume 37, Number 2, April 1999.

According to the National Academy on an Aging Society, approximately 8.5 million people over age 70 have limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs). By 2030, 21 million elderly people may need help with activity limitations. People over 85 years of age are the fastest growing segment of the population. Half of this age group need help with personal care. The long term care system in the United States consists of (1) informal care, (2) home and community-based care services (HCBS), and (3) institutional care.

An estimated 25 million, or 72 percent, of paid and unpaid caregivers of older persons who live in the community and have at least one limitation in their activities of daily living, are family members. These caregivers include spouses, adult children, and other relatives and friends. Older caregivers make up half of all caregivers. Fifty nine percent of the adult population either is or expects to be a family caregiver. Care provided by family members and friends was estimated to have had an economic value of \$196 billion in 1997. Caregivers dedicate an average of 20 hours per week to the provision of care for older persons. The average number of caregiving is increased when the older person has multiple disabilities. One-third of all caregivers describe their own health as fair to poor. Caregivers have a high rate of depression when compared to the general population. Almost one-third of all caregivers is balancing employment and caregiving responsibilities. Of this group, two-thirds report conflicts in roles that require them to rearrange their work schedules, work fewer than normal hours, and/or take unpaid leaves of absence. According to the Met Life Study of Employer Costs for Working Caregivers, American businesses lose between \$11 billion and \$29 billion each year due to employees' need to care for loved ones 50 years of age and older. In 1990 there were 11 potential caregivers for each person needing care. By 2050 that ratio will be 4 potential caregivers for each person needing care.

Assistance with daily activities is also provided through formal caregivers such as home health aides, certified nursing assistants (CNAs), personal attendants, and other direct care workers working in nursing homes, assisted living facilities, group homes for the mentally disabled, and individual clients' residences. In 1993, direct care workers accounted for more than 2.25 million positions, or 20% of the nation's health care workforce. Over 90% of direct care workers are women aged 22 to 45. The average hourly wage for CNAs and home health aides is between \$6.00 and \$7.00 an hour. Annual incomes for CNAs and home health aides range from \$11,000 and \$14,500, placing the typical direct-care worker below the poverty line. Over 70% of home health aides, and more than 30% of CNAs in nursing homes, are able to secure only part-time work, forcing many of them to try to juggle two or more such jobs simultaneously with

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<sup>5</sup> Sources used in this category were provided by the Paraprofessional Healthcare Institute, "A Preventable Labor Crisis within Long-Term Care", August 1999; The National Academy on Aging Society, "Caregiving-Helping the Elderly with Activity Limitations", Number 7, May 2000; New York Times, "U.S. Recommending Strict New Rules at Nursing Homes", July 22, 2000; Administration on Aging, "Caregiver Support", February 2000; National Survey of Families and Households 1987-88 with assumptions for 1997 in Health Affairs Vol 18 No 2, "The Economic Value of Informal Caregiving" by Peter Arno, Carol Levine, Margaret Memmott, March/April 1999; The U.S. Bureau of the Census Statistical Brief, Sixty Five Plus in the United States, May 1995; National Family Caregivers Association/Fortis Long Term Care, "Caregiving Across the Life Cycle" (1998); Lancet 1995, "Slowing of Wound Healing by Psychological Stress" Kiecolt-Glaser; National Family Caregivers Association, "Random Sample Survey of 1,000 Adults" (Sponsored by Aleva); Metropolitan Life Insurance Company, "The MetLife Juggling Act Study: Balancing Caregiving with Work and the Costs Involved", November 1999; and The Institute for Health and Aging, University of California, San Francisco, for the Robert Wood Johnson Foundation, "Chronic Care in America", (1996).

different employers. Health insurance is rarely offered by direct-care employers or is usually too expensive to be utilized by these low-income workers. Training for direct-care workers, where mandated, is relatively short and often inadequate. Direct care worker turnover rates typical in nursing homes are 70-100% per year and in home care are 40-60% per year.

Home and community based care refers to formal services provided in home or community based settings and paid for from either private or public funds. For every person in a nursing home, there are an estimated three persons with similar disabilities living in the community. Many people with less severe conditions, who might have gone to nursing homes 15 years ago, now receive care in their own homes from visiting nurses and aides. More than one-third of elderly people who live in the community have unmet daily activities needs. Approximately 11,961 Arizonans qualify for non-medical home and community based services.

About 1.6 million people receive care in 17,000 nursing homes nationwide. Forty-seven percent of nursing home residents need some assistance in eating, and 21 percent are totally dependent on assistance. Ninety-five percent of the homes participate in Medicaid or Medicare. Fifty-four percent of nursing homes subject residents to harm due to inadequate staffing. The General Accounting Office reports that more than one-fourth of nursing homes had deficiencies that caused actual harm to residents or placed them at risk of death or serious injury. Understaffing has contributed to an increase in the incidence of severe bedsores, malnutrition and abnormal weight loss among nursing home residents. Many of the patients end up hospitalized for life-threatening infections, dehydration, congestive heart failure and other problems. At the same time, due to hospitals reducing the average length of stay, releasing patients quicker and sicker, nursing home residents are typically sicker than in the past, with more serious disabilities. Nursing homes site the following reasons for inadequate staffing: (1) inadequate payments under Medicaid and Medicare and (2) difficulty to attract and retain good workers in a booming economy with other industries offer less demanding, better-paying jobs.

### Information Technology<sup>6</sup>

The Internet may be used to stimulate independent living among older adults, help combat isolation, spur lifelong learning, and create opportunities for volunteering. Approximately 15% (7.6 million) of the estimated 50.6 million U.S. citizens who browse the web are aged 50 and older (Lewis 1998), and 30% of older adults aged 55-75 own a computer (Adler 1996). Many older adults log on to the Internet as a means of connecting with friends and family. Older adults also utilize the Internet as a valuable source of information on financial, health, travel and other topics of interest to them.

When combined with Internet access, learning to use computer technology can provide older adults opportunities for lifelong learning and continuing growth and development

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<sup>6</sup> Resources used in this category were provided by ERIC Clearinghouse for Adult, Career, and Vocational Education, "Trends and Issues Alert"; "Seniors in Cyberspace" by Susan Imel (1998); and "Seniors in Cyberspace, What are they doing there?" by Bob White, Incarnate Word, Rochester(1999).

and also help offset social isolation and loneliness (Furlong 1997; Galusha [1997]). Supporting older adult learners as they learn to use computer technology requires the following: (1) Facilities and equipment must be sought and provided. Although a strong demand for computer instruction exists among older adults, facilities and equipment on which to provide training are often lacking (Galusha [1997]; Timmerman 1998). Entering into agreements with hardware and software manufacturers who agree to contribute equipment for training purposes may be one possibility in overcoming this barrier. (2) Course development is another area that must be considered. Timmerman recommends the use of peer instructors who understand how adults learn and teaching methodologies that are nonthreatening and self-paced. (3) Access and equity must be considered. Adult educators need to develop training programs that will encourage groups of older adults who are not currently accessing the Internet to become full participants in the information age.



## **General Assurances**

**The State Agency makes the following assurances, that it must be able to verify.**

### **A. General Administration**

1. Compliance with Requirements:

The State Agency agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Assistant Secretary or the Secretary.

2. Efficient Administration:

The State Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

3. General Administrative and Fiscal Requirements:

The State Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute or program regulations.

4. Training of Staff:

The State Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

5. Management of Funds:

The State Agency maintains sufficient financial control and accounting procedures to assure proper disbursement of, and accounting for, Federal funds under this Plan.

6. Safeguarding Confidential Information:

The State Agency has implemented such regulations, standards and procedures as are necessary to meet the requirement of safeguarding confidential information under relevant program regulations.

7. Reporting Requirements:

The State Agency agrees to furnish such reports and evaluations to the Secretary or the Assistant Secretary as may be specified.

8. Standards for Service Providers:

All providers of services under this Plan operate fully in conformance with all applicable federal, state and local fire, health, safety, sanitation and other standards prescribed in law or regulation. The State Agency provides that where State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

9. State Plan Amendments:

State Plan amendments will be made in conformance with applicable program regulations.

**B. Equal Employment Opportunity and Civil Rights:**

1. Equal Employment Opportunity:

The State Agency has an equal employment opportunity policy implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 74.

2. Non-Discrimination on the Basis of Disability:

All recipients of funds from the State Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by individuals with disabilities. Where structural changes are required, these changes shall be made as quickly as possible, in keeping with 45 CFR 84.

3. Civil Rights Compliance:

The State Agency has developed and is implementing a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

**C. Provision of Services:**

1. Priorities:

The State Agency has a reasonable and objective method for establishing priorities for service and such method is in compliance with applicable statute.

2. Eligibility:

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

3. Residency:

No requirements as to the duration of residence or citizenship will be imposed as a condition of participation in the State's program for the provision of services.

4. Coordination and Maximum Utilization of Services:

The State Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

## **Program Specific Assurances and Provision**

### **A. State Agency Mission:**

45 CFR Part 1321.7(a) The State Agency shall proactively carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of comprehensive and coordinated community based systems in or servicing communities throughout the State. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

### **B. State Agency Organization:**

P.L. 100-175 Section 305(a)(1): The State Agency is a multipurpose agency and delegates all authority and responsibility for administration of the State Plan to a designated organizational unit in the agency.

### **C. State Allotment:**

P.L. 100-175 Section 304(d)(1)(A): Such amount as the State Agency determines but no more than 10% of the State's allotment will be used for paying such percentage as the State determines but no more than 75% of the cost of administration of Area Plans.

P.L. 100-175 Section 304(d)(1)(D): The portion of the State's allotment not used for paying the cost of administration of the Area Plans will be available only for paying such percentage as the State determines but not more than 85% of the cost of supportive services and nutrition services authorized under Title III, parts B and C, in Planning and Service Areas for which there is an Area Plan approved by the State Agency.

P.L. 100-175 Section 309: The State Agency will fulfill all requirements for meeting the non-Federal share.

P.L. 100-175 Section 305(a)(1)(D), 45 CFR Part 1321.13, 1321.7(c): The State Agency will assure that the resources made available to the Area Agencies on Aging will be used to carry out the mission. The State Agency will serve as an effective and visible advocate by reviewing and commenting upon all State plans, budgets and policies that affect the elderly and providing technical assistance to agencies, organizations, associations, and individuals serving the elderly.

P.L. 100-175 Section 305(a)(1)(E), 45 CFR Part 1321.17: The State Agency will divide the State into Planning and Service Areas according to statutory and regulatory requirements.

P.L. 100-175 Section 305(a)(2)(B): The State Agency will consider the views of recipients of supportive services, and individuals using the multipurpose senior centers in matters of general policy arising in the development and administration of the State Plan through the annual State Plan hearing process.

P.L. Section 305(a)(2)(E), 45 CFR Part 1321.17(f)(2): The State Agency will give preference to providing services to older individuals with the greatest economic or social needs with particular preference to low income and minority individuals. Cultural differences and needs will be recognized.

P.L. 100-175 Section 305(a)(2)(F), 45 CFR Part 1321.17(f)(8): The State Agency will use outreach efforts that will identify individuals eligible for assistance under the Older Americans Act and inform them of the availability of such assistance.

P.L. 100-175 Section 302(20): The State Agency will use the Office of Management and Budget's established definition of poverty level to determine greatest economic need.

P.L. 100-175 Section 305(b)(1): Upon request, the State Agency will provide an opportunity for a hearing to any unit of general purpose government, including units of 100,000 or more, if such unit(s) make(s) an application for Planning and Service Area designation and is denied designation by the State Agency.

P.L. 100-175 Section 306(b)(3): The State Agency will keep a directory of community focal points in the State.

#### **D. State Plan:**

P.L. 100-175 Section 307(a), 45 CFR Part 1321.15: The State Agency will submit a State Plan for a two, three, or four year period with such annual revisions as are necessary.

P.L. 100-175 Section 307(a)(1), 45 CFR Part 1321.17: The State Plan will be based on Area Plans and will be developed in consultation with the Area Agencies on Aging.

P.L. 100-175 Section 307 (a)(1): The State will prepare and distribute a uniform format for use by the Area Agencies on Aging in developing Area Plans under Section 306.

P.L. 100-175 Section 307(a)(5): Each Area Agency on Aging will establish specific Area Plan objectives for providing services to older persons in the greatest need.

P.L. 100-175 Section 306(b)(2)(C): The State Agency will publish the intention to grant a waiver to an Area Agency on Aging together with the justification for the waiver at least 30 days prior to the effective date of the decision to grant the waiver and follow procedures in this section.

P.L. 100-175 Section 307(a)(3)(A): The State Agency will evaluate the need for supportive services, nutrition services, and multipurpose senior centers, and determine the extent to which existing private programs meet the need.

P.L. 100-175 Section 307(a)(b)(6), 45 CFR Part 1321.52: The State Agency will report on unmet need for supportive services, nutrition services and multipurpose senior centers in accordance with the guidelines used by the Assistant Secretary.

P.L. 100-175 Section 307(a)(3)(B): The State Agency will spend in each fiscal year, for services to older individuals residing in rural areas in the State assisted under this Title, an amount not less than 105% of the amount expended for such services (including amounts expended under Title V and Title VII) in FY 1978.

P.L. 100-175 Section 307(a)(6): The State Agency will make such reports as to comply with the provisions required by the Assistant Secretary.

P.L. 100-175 Section 307 (a)(4): The State Agency will use such methods of administration, including methods relating to the establishment and maintenance of personnel standards on a merit basis and where necessary, provide for the reorganization and reassignment of function to assure efficient administration.

P.L. 100-175 Section 307 (a)(5): The State Agency will grant a hearing to an Area Agency on Aging when the Area Plan or Area Plan amendment is disapproved or when the Area Agency on Aging designation is withdrawn, and to any applicant who has been denied designation as a Planning and Service Area. The State Agency will grant a hearing to any service provider whose application is denied or whose sub-grant or contract is terminated or not renewed.

P.L. 100-175 Section (a)(7): The State Agency will adopt such financial control and fund accounting procedures as may be found necessary by the Assistant Secretary or the Secretary to assure proper disbursement of, and accounting for, Federal Funds, paid under this Title or to the State, including any such funds paid to the recipients of a grant or contract.

P.L. 100-175 Section 307(a)(7)(B): The State Agency will have mechanisms in place to insure that there is no conflict of interest at the State or Area level and that such conflicts can be identified and removed.

P.L. 100-175 Section 307 (a)(7)(C): The State Agency will: maintain the integrity and public purpose of services; disclose to the Assistant Secretary the identity of each non-governmental entity with which the State or Area Agency on Aging has a contract or commercial relationship and the nature of the contract or relationship; demonstrate that no loss in quantity or quality of Older Americans Act services result from the contract or relationship; demonstrate that the quantity or quality of services under the State Plan will be enhanced as a result of the contract or relationship; and, on request of the Assistant Secretary, disclose all sources and expenditure of funds.

P.L. 100-175 Section 307(a)(8): The State Agency will conduct periodic evaluations of activities and projects carried out under this plan including an evaluation of

effectiveness in reaching older individuals with the greatest economic or social need with particular attention to low income minority individuals.

P.L. 100-175 Section 306(a)(5)(A): With respect to each agreement that an Area Agency on Aging will make with a provider, a requirement will specify how the provider intends to satisfy the service needs of low income minority individuals in at least the same proportion as the population of low income minority older individuals bears to the population of older individuals of the area served by such provider.

P.L. 100-175 Section 307 (a)(9): The State Agency will provide for establishing and maintaining information and referral services in sufficient numbers to assure that all older individuals in the State who are not furnished adequate information and referral services under Section 306(a)(4) will have reasonably convenient access to such services.

P.L. 100-175 Section 307 (a)(10): No supportive services, including nutrition services, or in-home services, will be directly provided by the State Agency or an Area Agency on Aging except where, in the judgment of the State Agency, provision of such services by the State Agency or an Area Agency on Aging is necessary to assure an adequate supply of such services.

P.L. 100-175 Section 307(a)(11): Subject to the requirements of merit employment systems, the State Agency gives preference to individuals over age 60 or older for any staff positions in State and Area Agencies on Aging for which such individuals qualify.

P.L. 100-175 Section 307(12), 45 CFR Part 1321.9: With respect to the Long-Term Care Ombudsman program, all statutory and regulatory provisions concerning establishment and operation of the Office of Long-Term Care Ombudsman; appointing an Ombudsman; access requirements; confidentiality and disclosure requirements, adequate legal counsel and a State-wide reporting system will be met.

P.L. 100-175 Section 307 (a)(13): With respect to nutrition services, all statutory and regulatory provisions concerning nutrition services, selection of nutrition service providers, special requirements for nutrition service providers, and food requirements for all nutrition service providers will be met.

P.L. 100-175 Section 307 (a)(14): With respect to multipurpose senior centers, all statutory and regulatory requirements concerning the purpose of making awards; health and safety and construction requirements; Federal labor standards; length of use of an acquired or constructed facility; special conditions for acquiring by purchase, or constructing a facility; prohibition on sectarian use of a facility, and funding and use requirements will be met.

P.L. 100-175 Section 307(a)(15), 45 CFR Part 1321.71: With respect to legal services, all statutory and regulatory provisions concerning the purpose of making the awards;

the definition of legal services; the conditions legal service providers must meet; case priorities; and limitations on information about income and resources will be met.

P.L. 100-175 Section 307(a)(15)(E): With respect to legal services, priority will be given to matters related to income, health care, long-term care, nutrition, housing, and utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

P.L. 100-175 Section 307(a)(16): The State Agency in conducting its program to provide services for the prevention of abuse of older individuals will provide that services will comply with applicable provisions of the Older Americans Act and are consistent with applicable State laws, including confidentiality provisions.

P.L. 100-175 Section 307 (a)(17): The State Agency shall provide in-service training opportunities for personnel of agencies and programs funded under the Older Americans Act of 1965.

P.L. 100-175 Section 307(a)(18): The State Agency shall assign personnel to provide State leadership in developing legal assistance programs for older individuals throughout the State.

P.L. 100-175 Section 307(a)(19): With respect to education and training services, Area Agencies on Aging may enter into grants and contracts with providers of education and training services that can demonstrate the experience or capacity to provide such services, except that such contract authority shall be effective for any fiscal year only to such extent, or in such amounts, as are provided in Appropriations Acts.

P.L. 100-175 Section 307(a)(20): In those Planning and Service Areas in which a substantial number of older persons have limited English-speaking ability, the State Agency will require an Area Agency on Aging to use workers fluent in the other predominant language and to designate an individual employed by the Area Agency on Aging, or available on a full-time basis, to provide counseling to the limited English-speaking to assist them in participating in programs and receiving assistance under this Act, and to sensitize staff to cultural and linguistic differences.

P.L. 100-175 Section 307(a)(32): The State Agency will affirm that special efforts will be made to provide technical assistance to minority service providers.

P.L. 100-175 Section 307(a)(35): The State Agency will pursue activities to increase the access of older Native Americans to aging programs and benefits.

P.L. 100-175 Section 303(d), 306(a)(7), 341, 341, 343, 344, 34 CFR Part 1321.69: The State Agency assures the provisions of in-home services to frail older individuals including in-home supportive services for older individuals who are victims of Alzheimer's Disease and related disorders with neurological and organic brain dysfunction, and to the families of such victims.

Eligibility criteria for Title III Part D Services:

Priority shall be given to those frail older adults who are:

1. Age 60 years or older;
2. Economically or socially needy with particular consideration given to minority individuals;
3. Unable to perform two or more activities of daily living without the assistance of another person as determined by an assessment with particular attention to victims of Alzheimer's Disease and related disorders with neurological and organic brain dysfunction; and,
4. Without an adequate support system (Section 343)

The State Agency assures consultation and coordination in the planning and provision of in-home services with State and local agencies and private non-profit organizations relating to health, social services, rehabilitation and mental health (Section 341).

The State Agency assures compliance with the maintenance of effort for Part D funds (Section 344).

P.L. 100-175 Section 307(a)(21): The State Agency will comply with funding requirements for the Ombudsman Program and will spend in each new fiscal year at least as much for the State's Ombudsman Program as it spent in FY 1987. This funding requirement is in effect as long as the State's new fiscal year allotment for Title III, Part B is not less than that of FY 1987.

P.L. 100-175 Section 307(a)(23): The State Agency, in accordance with this section, will identify low-income minority older individuals in the State. The methods used to satisfy the service needs of minority older individuals, the targeting plan, the parity matrix, and the Arizona Intrastate Funding Formula that has weighted factors reflecting poverty and minority status are a part of this plan. Funds are allocated to the Area Agencies on Aging based on the formula. In addition, each Area Agency on Aging through their annual Area Plan on Aging process will identify objectives to satisfy the service needs of minority older individuals.

P.L. 100-175 Section 307(a)(24), Section 306(a)(5)(B): The State Agency will require that outreach efforts will be implemented to include rural elderly, older individuals who have greatest economic and other social need with particular attention to low income minority individuals and older individuals with disabilities and inform such individuals of the availability of assistance.

P.L. 100-175 Section 307(a)(25): The State Agency will coordinate planning, identification, assessment of needs, and services for older individuals with disabilities with other responsible state agencies, and where appropriate, develop collaborative programs.



P.L. 100-175 Section 307(a)(41): The State Agency will make demonstrable efforts to coordinate Older Americans Act services with other State services and to provide multigenerational activities.

P.L. 100-175 Section 307(a)(42): The State Agency will coordinate public services to assist older individuals to obtain transportation access to services under Title III, Title VI, comprehensive counseling services, and legal assistance.

P.L. 100-175 Section 307(a)(44): The State Agency will have in effect a mechanism to provide for the quality of in-home services under Title III.

P.L. 100-175 Section 307(a)(26): The State Agency will require Area Agencies on Aging to conduct efforts to facilitate the coordination of community based long term care services.

P.L. 100-175 Section 307(a)(27): The State Agency will provide consultation and coordination in planning and provision of in-home services under Section 341 with State and local agencies and private nonprofit organizations.

P.L. 100-175 Section 307(a)(28), Section 306(a)(7): If the State Agency receives Part E funds, the funds will be used for Part E purposes.

P.L. 100-175 Section 307(a)(30): The State Agency will establish programs in accordance with the requirements of Title VII as required by Section 705(a).

P.L. 100-175 Section 307(a)(38): Funds received under Title III will not be used to pay any part of a cost (including Administration) incurred by the State or any Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement Title III.

P.L. 100-175 Section 307(a)(39): Preference in receiving Title III services will not be given by an Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship.

P.L. 100-175 Section 307(a)(40): If the State Agency receives Part G funds, the funds will be used for Part G purposes.

P.L. 100-175 Section 705(a)(1): Funds received under Title VII will be used to establish programs in accordance with the requirements of Title VII.

P.L. 100-175 Section 705(a)(2): The State Agency will hold public hearings to obtain the views of older individuals and other interested parties regarding programs carried out under Title VII.

P.L. 100-175 Section 705(a)(3): The State Agency, in consultation with Area Agencies on Aging, will identify and prioritize statewide activities aimed at ensuring that older

individuals have access to, and assistance in securing and maintaining, benefits and rights.

P.L. 100-175 Section 705(a)(4): The State Agency will use funds made available under Title VII for activities in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this Title, to carry out the elder rights activities described in Title VII.

P.L. 100-175 Section 705(a)(5): The State Agency will place no restriction, other than the requirements referred to in clauses (i) through (iv) of Section 712(a)(5)(C), on the eligibility of entities to be designated as local Ombudsman entities and on the eligibility of individuals to be designated as representatives of such entities.

P.L. 100-175 Section 705(a)(6): With respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

A. The State Agency will conduct a program of services consistent with relevant State law and coordinate with existing state adult protective service activities for:

- (i) Public education to identify and prevent elder abuse;
- (ii) Receipt of reports of elder abuse;
- (iii) Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance; and
- (iv) Referral or complaints to law enforcement or public protective service agencies, if appropriate.

B. The State Agency will not permit involuntary or coerced participation in the program of services described in subparagraph (a) by alleged victims, abusers, or their households.

C. All information gathered in the course of receiving reports and making referrals shall remain confidential except:

- (i) If all parties to such complaint consent in writing to the release of such information;
- (ii) If the release of such information is to law enforcement agency, public protective services agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or,
- (iii) Upon court order.

P.L. 100-175 Section 705(a)(7): The State Agency will distribute funds for activities under Chapter 5 (Outreach, Counseling, and Assistance Program) based on criteria and methods listed in the Act.

P.L. 100-175 Section 307(a)(31), Section 306(a)(2): If the State Agency receives funds for SSI, Food Stamps and Medicaid outreach, the State Agency will comply with requirements of Section 306(a)(6)(P) and other requirements of this subsection.

P.L. 100-175 Section 307(a)(22), Section 306(a)(2): The State Agency will specify a minimum percentage of Part B funds that each Area Agency on Aging will expend, in the absence of a State Agency waiver, for access services, in home services, and legal assistance. The statewide minimum percentages set for FY 1998 are 16% for access services, 8% for in-home services and 4% for legal services. The minimum percentages were established to maintain service effort levels under available funding. Area Agencies on Aging must hold yearly public hearings to develop service priorities. If a waiver is requested under this section, a record of public hearing must be submitted by the Area Agency on Aging.

45 CFR Part 1321.17(f)(1): The State Agency will assure that each Area Agency on Aging will engage only in activities which are consistent with its statutory mission as prescribed in the Older Americans Act and as specified in State policies under 45 CFR 1321.11.

45 CFR Part 1321.17(f)(3): The State Agency will assure that procedures exist to ensure that all services are provided without the use of any means test.

45 CFR Part 1321.17(f)(4): The State Agency will assure that all services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of these services.

45 CFR Part 1321.17(f)(5): The State Agency will assure that recipients of services are provided an opportunity to voluntarily contribute to the cost of the services.

45 CFR Part 1321.17(f)(6): The State Agency will assure that the Area Plans on Aging will specify as submitted, or be amended annually to include, details for the amount of funds expended for each priority service during the past fiscal year.

45 CFR Part 1321.17(f)(7): The State Agency shall develop policies governing all aspects of programs, including the manner in which the Ombudsman Program operates at the State level and the relation of the Ombudsman Program to the Area Agencies on Aging.

45 CFR Part 1321.17(f)(9): The State Agency shall employ appropriate procedures for data collection from the Area Agencies on Aging and transmit such data in an accurate and timely manner to the Assistant Secretary upon request.

45 CFR Part 1321.17(f)(10): The State Agency shall demonstrate the unmet need for services funded under Section 303 of the Older Americans Act and how such services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.

P.L. 100-175 Section 306 (a)(6)(O), 45 CFR part 1321.17(f)(11): The State Agency will assure that the Area Agencies on Aging will compile information regarding institutions of higher education that may offer special programs/rates for elderly and make summaries available at multipurpose senior centers, congregate nutrition sites and other appropriate places.

P.L. 100-175 Section 307 (a)(13)(I), 45 CFR Part 1321.17(f)(12): With respect to meals, the State Agency will assure that individuals with disabilities who reside in a non-institutional household with a person eligible for congregate or home delivered meals shall be provided a meal on the same basis that meals are provided to volunteers.

45 CFR Part 1321.17(f)(13): The services provided under Title III will be coordinated, where appropriate, with the services provided under Title IV of the Older Americans Act.

45 CFR Part 1321.17(f)(14): The State Agency shall not fund program development and coordinated activities as a cost of the Area Plans on Aging until it has spent 10% of the total of combined allotments under Title III on the administration of Area Plans on Aging.

P.L. 100-175 Section 306 (a)(6)(N), 45 CFR Part 1321.17(f)(15): The State Agency will assure that where there is a significant population of older Native Americans in any planning and service area that the Area Agency on Aging will provide outreach activities and inform such older Native Americans of the availability of assistance.

P.L. 100-175 Section 306 (a)(1): The State Agency will assure that, in determining the extent of need in Planning and Service Areas, Area Agencies on Aging will take into consideration the number of older individuals with the greatest economic or social need with particular attention to low-income minority individuals and the number of older Native Americans.

P.L. 100-175 Section 306 (a)(6)(F):

The State Agency will assure that each Area Agency on Aging will establish an advisory council that will be made up of more than 50% older persons including minority individuals who are participants or who are eligible to participate in programs, representatives of older persons, representatives of health care provider organizations, including providers of veterans health care (if appropriate), persons with leadership experience in the private and voluntary sectors, local elected officials and the general public.

P.L. 100-175 Section 306 (a)(6)(L): The State Agency will assure that Area Agencies on Aging will coordinate part B access to services, in-home services and legal assistance with community organizations established to benefit victims of Alzheimer's disease and the families of such victims.

P.L. 100-175 Section 306 (a)(6)(M): The State Agency will assure that Area Agencies on Aging will coordinate any part B supported mental health services with mental health services provided by community health centers and other public and private non-profit agencies and organizations.

## **Advocacy Goals**

### **GOAL 1 - INTERGENERATIONAL OPPORTUNITIES:**

**Advocate for the development and expansion of intergenerational programs and services.**

#### **JUSTIFICATION:**

Senior adults have invaluable skills, talents and experiences to share with the children and youth of society. Intergenerational opportunities provide older adults a sense of positive, meaningful involvement by helping youths become productive members of the community. In addition, kinship care needs and access to services must be evaluated and addressed in order to better serve the growing number of grandparents raising grandchildren.

**Objective 1:** Support agencies, organizations and groups involved in intergenerational opportunities for older adults in the state.

**Objective 2:** Identify agencies, organizations and special interest groups whose activities include the development of intergenerational programs and work groups that support the needs of grandparents raising grandchildren.

**Objective 3:** Promote opportunities for youth to enhance the quality of life for older adults through Area Agencies on Aging participation and/or other programs.

### **GOAL 2 - PUBLIC AWARENESS:**

**Advocate for public awareness efforts focusing on older and vulnerable adults and their needs.**

#### **JUSTIFICATION:**

As the aging population continues to increase, the number of older and vulnerable persons at risk of losing their independence also increases. There is a need to focus attention on the increasing population of older and vulnerable adults in order to create opportunities for directing resources and action.

**Objective 1:** Promote increased public awareness efforts and campaigns which highlight the basic needs, legislation, financial fraud, and exploitation of older and vulnerable adults.

**Objective 2:** Assist the Area Agencies on Aging and locally based programs to outreach to minority communities in order to educate them on the services and benefits available to the aging and vulnerable adult population.

**Objective 3:** Assist the Arizona Governor's Advisory Council on Aging in the promotion of statewide events that focus on aging issues.

**Objective 4:** Promote employer awareness of elderly issues directly effecting employee productivity.

**Objective 5:** Promote public and private awareness of the issues surrounding aging and their impact on families and communities.

**Objective 6:** Increase public awareness of the availability and accessibility of suitable and affordable housing opportunities.

**Objective 7:** Support public awareness of the issues surrounding direct care worker shortages.

### **GOAL 3 –REPRESENT AND PROMOTE ELDERLY ISSUES:**

**Advocate for the representation and promotion of older and vulnerable adult issues in public policy and legislation.**

#### **JUSTIFICATION:**

There is a need for continued activities of advocacy in order to reduce barriers and to improve responsiveness to the needs and concerns of older and vulnerable adults. The Aging and Adult Administration will take a leadership role by acting as the catalyst for such activities.

**Objective 1:** Encourage communication and cooperation among community groups, agencies, and other State Agencies whose activities involve advocacy efforts on behalf of older and vulnerable adults.

**Objective 2:** Identify and monitor legislation affecting the older and vulnerable adult population and track it through the legislative process in cooperation with the Governor's Advisory Council on Aging and other agencies with similar focus.

**Objective 3:** Evaluate and comment on state plans, budgets, and other policy development initiatives affecting older and vulnerable adults.

**Objective 4:** In cooperation with the Governor's Advisory Council on Aging, disseminate information and provide analysis of proposed legislation and the effects of budgetary requests to all interested parties.

**Objective 5:** Collaborate with other state agencies to develop legislative initiatives.

### **GOAL 4 - EDUCATION & JOB TRAINING OPPORTUNITIES:**

**Advocate for the availability and accessibility of educational and job training programs for older adults.**

#### **JUSTIFICATION:**

People of all ages prosper when they continue to learn, grow and develop. Educational institutions and community organizations are well positioned to contribute to this process by expanding both educational and training opportunities available to aging adults.

**Objective 1:** Promote educational and job training opportunities for elderly in the community.

**Objective 2:** Assist in the development of the Arizona One-Stop Career Centers to assure access to older adults for education and basic services.

**Objective 3:** Continue to encourage development of, participation in, and promotion of programs that support older workers.

**Objective 4:** Assist in the development of educational and job training opportunities for low income older adults through the Workforce Investment Act (WIA), Title V contractors, and other alternative funding sources.

**Objective 5:** Support the Area Agencies on Aging in the development of courses targeted at older adults both in senior adult education programs and mainstream college levels.

#### **GOAL 5 - LONG TERM CARE OPTIONS:**

**Advocate for the continuum of care to meet the needs of older and vulnerable adults in the least restrictive environment.**

#### **JUSTIFICATION:**

There is a continued need for advocacy efforts to ensure that each person will be served in the least restrictive environment. The quality of long term care services needs to be enhanced as well as new services added. Increased coordination and cooperation between agencies is essential to the continued availability and expansion of obtainable services.

**Objective 1:** Promote a high standard in the quality of care provided to persons receiving long-term care services.

**Objective 2:** Develop partnerships with regulatory agencies and other interested parties to ensure compliance with licensing standards.

**Objective 3:** Disseminate information to individuals and agencies to improve the knowledge and understanding of rights and protections.

**Objective 4:** Coordinate efforts with various community organizations to advocate for the support, expansion and enhancement of the service delivery system.



**GOAL 6 - ALZHEIMER'S DISEASE AND RELATED DISORDERS:**

**Advocate for the needs of persons with Alzheimer's Disease and related disorders.**

**JUSTIFICATION:**

According to the Alzheimer's Association, over 75,000 adults in Arizona suffer from Alzheimer's disease. More than 70% of Alzheimer's disease patients remain at home, with the average out of pocket costs at more than \$13,000 per year. Improvements are needed in the quality of care for persons with Alzheimer's or related disorders who live in long-term care environments.

**Objective 1:** Encourage policy and programmatic changes to enhance current service delivery systems which address the needs of persons with Alzheimer's or related disorders and their caregivers.

**Objective 2:** Create partnerships to advocate for the development and delivery of supportive services.

**Objective 3:** Assist organizations in disseminating information that will assist the public in understanding the effects of and current research into Alzheimer's disease or related disorders.

**GOAL 7 - VOLUNTEER OPPORTUNITIES:**

**Advocate for volunteer opportunities for older persons.**

**JUSTIFICATION:**

Volunteer work provides older persons with an appropriate, meaningful, and satisfying activity while simultaneously benefiting the community in which the person resides. The valuable experience and wide-ranging skills of older persons provide positive outcomes for those involved.

**Objective 1:** Promote the sharing of best practices in the utilization of volunteers.

**Objective 2:** Increase the number of older persons volunteering.

**Objective 3:** Improve volunteer retention through service recognition.

**Objective 4:** Assist the Area Agencies on Aging efforts in recruitment of volunteers.

**GOAL 8 - MENTAL & BEHAVIORAL HEALTH:**

**Advocate for increased availability and accessibility of mental and behavioral health services for the elderly.**

#### **JUSTIFICATION:**

Mental and behavioral health issues are becoming increasingly important for older persons in Arizona as evidenced by the high rate of elderly suicide. It is estimated that 25% of persons over age 65 have significant mental or behavioral health problems. This includes depression, sleep disorders and substance (alcohol, prescription drug, tobacco) abuse.

**Objective 1:** Encourage the development of mental and behavioral health programs in community and residential settings that target the specific needs of older adults.

**Objective 2:** Disseminate information to older persons and their caregivers regarding the availability of treatment for mental and behavioral health problems.

**Objective 3:** Promote collaboration between professionals in the aging and behavioral health fields.

**Objective 4:** Continue to support depression screening and suicide prevention programs.

**Objective 5:** Encourage the use of multidisciplinary evaluations for older and vulnerable adults with multiple diagnoses.

#### **GOAL 9 - PREVENT THE ABUSE OF OLDER AND VULNERABLE ADULTS**

**Advocate for the expansion of services that address the issue of abuse against older and vulnerable adults.**

#### **JUSTIFICATION:**

While abuse of older and vulnerable adults is on the rise, funding for emergency assistance and education programs are being reduced or cut entirely.

**Objective 1:** Promote increased awareness and prevention of violence against the older adult population.

**Objective 2:** Promote the increased number of emergency shelters and services that address the needs of the abused older and vulnerable adult.

**Objective 3:** Disseminate information regarding agencies, organizations and special interest groups who provide crisis intervention services to assist victims of abuse.

**Objective 4:** Identify and encourage the development of innovative intergenerational programs that assist in the reduction of abuse of older and vulnerable adults.

### **GOAL 10 - SPECIAL NEEDS**

**Advocate for the availability and accessibility of services and opportunities to persons with special needs.**

#### **JUSTIFICATION:**

As the population ages, the incidence of disability increases. In addition to physical disabilities, older Arizonans may experience hearing, speech, memory, vision and other difficulties that can effect one or more of the activities of daily living. In rural areas, distance and lack of resources severely limits the availability of services. Additional resources must be identified to assist with the provision of services that meet the special needs of older and vulnerable adults.

**Objective 1:** Promote the development of new programs and the enhancement of existing supportive services, including the use of assistive technology to meet the special needs of older and vulnerable adults.

**Objective 2:** Encourage the Area Agencies on Aging and other service providers to expand alternative communication devices that meet the needs of older and vulnerable adults.

**Objective 3:** Advance the education of persons with special needs on their rights and protections with regard to care.

**Objective 4:** Establish and strengthen partnerships between organizations in the aging network and the veteran's services networks.

**Objective 5:** Encourage the enhancement of coalitions that promote awareness among older adults on HIV/AIDS.

## **Service and System Development Goals**

### **GOAL 1 - STATE HEALTH INSURANCE ASSISTANCE PROGRAM:**

**Enhance the understanding of, and expand assistance with, healthcare coverage options and other benefits programs.**

#### **JUSTIFICATION:**

The Health Care Financing Administration statistical reports for 1999 show there are 690,000 Medicare beneficiaries who are permanent residents of Arizona, with an additional 370,000 who are winter residents. Assisting Medicare beneficiaries to navigate through the maze of social service programs is essential. Complex and personal choices are involved in understanding Medicare, the purchase of supplemental health insurance (Medigap), and/or the choices to assign Medicare benefits to Medicare+Choice organizations. Assistance to identify available services and completing the application for those services can make a significant difference in an older person's lifestyle. There is a need for older persons to have access to accurate information and assistance to deal with the complexity of the health insurance system.

**Objective 1:** Develop and update Service Specifications for the Area Agencies on Aging to establish program expectations, provide training, technical assistance and support for the State Health Insurance Assistance Program.

**Objective 2:** Create and update statewide training materials and volunteer guidelines to be used by Area Agencies on Aging to provide training and technical assistance to volunteer counselors throughout the state.

**Objective 3:** Update information and expand assistance sources for beneficiaries in the areas of application for benefits, claims filing, purchasing supplemental and long term care insurance, comparison of Medicare +Choice plans, Medicare rights and protections, and appeals/hearing processes.

**Objective 4:** Increase and enhance outreach through the expansion of the Arizona Beneficiary Coalition to include members of other health benefits organizations that provide services complementary to Medicare.

**Objective 5:** Assist the Area Agencies on Aging with the development of methods to measure the effectiveness of the State Health Insurance Assistance Program.

**Objective 6:** Increase the cultural diversity of the State Health Insurance Assistance Program to address the language and cultural needs of the persons served.

### **GOAL 2 - TRANSPORTATION:**

**Advocate for the improvement of transportation systems available to older adults.**

**JUSTIFICATION:**

The lack of transportation can deny an older and vulnerable adult full participation in their community and may mean the difference between being able to remain in their community or being placed in an institution. Transportation is often a critical link to other essential services. Rural areas face a special problem in being able to reach and transport older people.

**Objective 1:** Work with the Area Agencies on Aging and the Governor's Advisory Council on Aging to develop new methods to improve existing local transportation capabilities including collaborative approaches to funding, vehicle utilization and liability insurance.

**Objective 2:** Initiate a task force to develop strategies for improving access to transportation for older and disabled persons.

**GOAL 3 - SENIOR EMPLOYMENT OPPORTUNITIES:**

**Improve employment opportunities for seniors.**

**JUSTIFICATION:**

While many older adults retire voluntarily, some older workers are pressured into early retirement. Many older workers would prefer to continue working. Seniors tend to remain unemployed twice as long as other groups of unemployed workers. A large number of older employees give up looking for work and are not counted in unemployment statistics.

**Objective 1:** Continue to provide the Title V Senior Community Service Employment Program and the Workforce Investment Act (WIA) in order to prepare the older worker for the private sector work force.

**Objective 2:** Disseminate information to businesses and organizations in the private and public sector on the advantages of hiring older persons.

**Objective 3:** Continue to promote the Title V Employer Incentive Program for private sector employers to hire the older worker.

**Objective 4:** Maintain a leadership role in the development of Arizona's One Stop Career Centers which will provide access for older workers to choose basic, high-quality employment, training and education services.

**GOAL 4 - PUBLIC & PRIVATE PARTNERSHIPS:**

**Develop partnerships that address the needs of the elderly.**

#### **JUSTIFICATION:**

There is a need for the expansion of resources to assist older and vulnerable adults to live independently and with dignity. Through the development of coalitions, partnerships, and collaborative efforts with the private sector, the needs of the elderly can be more effectively addressed and additional resources identified to ensure that older people obtain the services they need in their homes and communities.

**Objective 1:** In conjunction with the Area Agencies on Aging and the Governor's Advisory Council, identify potential partnerships in the business community to develop programs and resources for aging services.

**Objective 2:** Identify and utilize best practices for developing public and private partnerships.

#### **GOAL 5 - ELDER ABUSE PREVENTION & PROTECTION:**

**Heighten public awareness of the need to enhance protective services to incapacitated and vulnerable adults who are victims of abuse, neglect, and exploitation.**

#### **JUSTIFICATION:**

Abuse of older and vulnerable adults, whether through physical violence, imposed or self neglect or financial-personal exploitation is a problem which affects all of society. Since many cases of abuse are not reported by victims, it is imperative that the public is made aware of what to look for and the methods for reporting suspected incidents. Increased education can assist the public in understanding the needs of older and vulnerable adults, in being sympathetic rather than reactive to adverse situations and in contributing to finding solutions to these problems.

**Objective 1:** Coordinate with aging network and adult advocacy groups to heighten public awareness through the dissemination of information and presentations to agencies and organizations.

**Objective 2:** Cooperate with law enforcement agencies and prosecution offices to effectively carry out prosecution of perpetrators of violence against elderly people.

**Objective 3:** Cooperate with the Governor's Advisory Council on Aging and the Area Agencies on Aging to enhance the effectiveness of Adult Protective Services.

#### **GOAL 6 - LEGAL ASSISTANCE:**

**Improve the availability of legal assistance to the older persons in Arizona.**

#### **JUSTIFICATION:**

Many elderly individuals in Arizona need legal representation and advocacy services to enable the preservation of their assets, dignity and independence. There is a need to

expand the availability of legal services so that the vulnerable adults can preserve their quality of life.

**Objective 1:** Enhance monitoring and technical assistance to the Area Agencies on Aging to assure quality legal services are being provided.

**Objective 2:** Assist Area Agencies on Aging in recruitment of emeritus attorneys and /or pro bono attorneys to expand service opportunities.

**Objective 3:** Expand training to provide information on current legal issues that effect older persons in Arizona.

#### **GOAL 7 – SUPPORT FOR CAREGIVERS:**

**Increase support systems for caregivers.**

##### **JUSTIFICATION:**

The majority of personal care provided to impaired older adults is provided by caregivers. In addition, nearly two-thirds of people with developmental disabilities, the majority of whom are adults, live with their families. Knowing what services and programs are available in the community and how to access them can be essential to the caregiver and the dependent older adults. Caregivers need training and support in the provision of care. Caregivers play a critical role in the support of older adults. Health and social service systems must be developed that sustain the caregiver role.

**Objective 1:** Develop strategies to increase the availability of volunteer respite programs in the state with particular attention to expanding the role of faith- based institutions in this effort.

**Objective 2:** Coordinate with Area Agencies on Aging to develop both public and private resources for respite and adult day care services, as well as support and educational opportunities for caregivers.

**Objective 3:** Support caregivers by increasing awareness of available programs, assessing their needs, and encouraging them to utilize the available services.

**Objective 4:** Enhance and expand training opportunities for caregivers.

**Objective 5:** Expand respite services to enable caregivers to participate in training and support groups.

#### **GOAL 8 - LONG -TERM CARE OMBUDSMAN:**

**Improve the quality of life and quality of care for residents in long-term care facilities.**

**JUSTIFICATION:**

The Ombudsman Program in Arizona is functioning through a partnership with the Area Agencies on Aging. The growth in the elderly population and the number of residents in long-term care facilities demonstrates the need to enhance the ombudsman program within the state.

**Objective 1:** Expand ombudsman program to reach more Long-Term Care facilities.

**Objective 2:** Increase the number of volunteer ombudsmen by recruiting, training, and retaining volunteers.

**Objective 3:** Increase public awareness of the Long Term Care Ombudsman Program.

**Objective 4:** Assist the Area Agencies on Aging with the development of methods to measure the effectiveness of the ombudsman program.

**Objective 5:** Increase the cultural diversity of the ombudsman program to address the language and cultural needs of the persons served.

**GOAL 9 - HEALTH PROMOTION:**

**Improve resources that target sensible health measures and physical fitness for older adults.**

**JUSTIFICATION:**

As a person ages they become more vulnerable to disease and conditions that derive from life-style, behavioral and environmental factors. Early detection of health problems can be effective against excessive morbidity and premature mortality. As health and dental costs increase, health promotion and disease prevention activities take on added importance.

**Objective 1:** Coordinate with the Department of Health Services, County Departments of Health, the Area Agencies on Aging, AHCCCS, and other organizations to disseminate information on wellness, disease prevention, health care, and nutritional information.

**Objective 2:** Assist the Area Agencies on Aging in developing and promoting senior center activities that focus on health maintenance, disease prevention, and wellness.

**GOAL 10 - MINORITY, LOW INCOME, RURAL & FRAIL PARTICIPATION:**

**Improve the accessibility of programs and services to older individuals with the greatest economic or social need.**



**JUSTIFICATION:**

Often times minorities, low income, frail and rural older adults do not receive needed services either because of lack of awareness of available services or because of access and cultural barriers.

**Objective 1:** Participate with the Area Agencies on Aging and other appropriate public and private agencies and organizations to develop methods which will enhance outreach efforts and increase the participation of low income, minority and rural individuals.

**Objective 2:** Educate minority, low income, rural and/or frail clients about available services.

**GOAL 11 - NON-MEDICAL HOME & COMMUNITY BASED SERVICES:**

**Improve the availability and accessibility of the non-medical home and community based services to frail elderly and physically disabled Arizonans.**

**JUSTIFICATION:**

Home and community based services for older adults is comprised of supportive services such as case management, housekeeping, home health aid, home nursing, respite and home delivered meals; which are offered at an agency, program site, or in the individual's own home. The Aging and Adult Administration, through contracts with the Area Agencies on Aging, have developed and implemented services for frail elderly and physically disabled adults in order to avoid institutionalization.

**Objective 1:** Improve regional and statewide data collection and analyses which will increase capacity for service planning, provide more efficiency in program management and enhance maximization of service availability.

**Objective 2:** In collaboration with the Governor's Advisory Council on Aging and the Area Agencies on Aging, advocate for continued state funding and application for grants and other sources of additional funding to increase service availability.

**Objective 3:** Review and make recommendations on the process of service delivery to ensure that services are provided in a quality and cost effective manner.

**GOAL 12 - NUTRITION PROGRAMS:**

**Provide the opportunity for older and vulnerable adults to maintain or improve nutrition status.**

**JUSTIFICATION:**

Nutrition is an important factor in the maintenance of good health, the promotion of quality of life, and the reduction of the effects of chronic disease conditions. Many elderly do not receive adequate nutrition because they cannot afford it or they lack the skills or interest to prepare nutritious meals. They also may be limited in their ability to shop or cook for themselves, or lack the incentive to prepare and eat a meal by themselves. Socialization and recreational activities can improve quality of life by providing varied activities as part of the total programming at nutrition centers.

**Objective 1:** Assist the Area Agencies on Aging in increasing participation in congregate and home-delivered meal programs through improvement of local support.

**Objective 2:** Assist the Area Agencies on Aging to promote nutrition site activities to enhance the well being of the older and vulnerable adults through socialization, educational, and recreational activities.

**Objective 3:** In partnership with the Area Agencies on Aging, conduct training and information sharing sessions, and provide technical assistance to nutrition centers.

**Objective 4:** Provide nutrition related training and technical assistance to other programs in the Aging and Adult Administration.

### **GOAL 13 – TECHNOLOGICAL CAPABILITIES:**

**Improve the availability and accessibility of technological capabilities provided to older persons in facilities such as senior centers.**

#### **JUSTIFICATION:**

Technology provides individuals a means to communicate, to socialize, and to be entertained. About 40% of seniors now own a home computer and about 70% of older adults with computers have Internet access. Older adults use the Internet as a means of connecting with friends and family and as a source of information on financial, health, travel and other topics of interest to them. According to Hugh O Connor, director of the AARP Research Information Center, "the Internet can stimulate independent living among the elderly, help combat isolation, spur lifelong learning, create opportunities for volunteering and make it easier for retirees to earn extra income without leaving home" (Lewis 1998, pp. 1, 14). When combined with Internet access, learning to use computer technology can provide older adults opportunities for lifelong learning and continuing growth and development (Furlong 1997; Galusha [1997]).

**Objective 1:** Explore best practices of senior centers that offer and provide technological capabilities to older persons.

**Objective 2:** Assess senior center participants willingness to utilize information technology offered through a senior center.

**Objective 3:** In cooperation with Area Agencies on Aging, assess technological capability needs of Arizona's senior centers.

**Objective 4:** In cooperation with Area Agencies on Aging, develop methods to improve an older persons access to information technology.

**Objective 5:** In cooperation with Area Agencies on Aging, identify and partner with private industry for computer equipment/software, phone line installations, Internet access, technical assistance, and cost sharing.

**Objective 6:** In cooperation with the universities and community colleges, expand computer literacy and computer-based training for older persons.

## **Service Delivery Goals**

**Maintain and expand, where appropriate, the funding of existing services.**

### **A.**

**By July 1, 2000, contract for 1,521,685 Congregate Meals for 26,236 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **B.**

**By July 1, 2000, contract for 1,866,875 Home Delivered Meals for 12,427 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **C.**

**By July 1, 2000, contract for 948,028 units of Transportation services for 9,875 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **D.**

**By July 1, 2000, contract for 472,468 units of Home Care services for 7,163 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **E.**

**By July 1, 2000, contract for 205,495 units of Adult Day Health Care services for 584 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **F.**

**By July 1, 2000, contract for 1,124 units of Home Repair/Adaptation/Renovation services for 557 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **G.**

**By July 1, 2000, contract for 30,266 units of Socialization/Recreation services for 7,566 individuals for 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **H.**

**By July 1, 2000, contract for 12,953 units of Legal Assistance for 3,026 individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

### **Adult Protective Services**

**A.**

**By June 30, 2000, receive 14,677 inquiries; of which 10,070 are reports; of these, 8,079 investigations are conducted.**

A comparable number of units of service is projected for FY 2002 and 2003.

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### **Foster Grandparent Program**

**Provide on-going support for the Foster Grandparent Program.**

**A.**

**By April 1, 2000, contract for 87,696 Foster Grandparent hours for 84 eligible individuals for calendar year 2001.**

A comparable number of units of service is projected for calendar year 2002 and 2003.

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### **Title V Employment Program and the Workforce Investment Act (WIA) Older Worker Training Program.**

**Provide on-going support for the Title V Employment Program and the Workforce Investment Act (WIA) Older Worker Training Program.**

**A.**

**By July 1, 2000, contract for 437,840 hours for 421 Title V eligible individuals for FY 2001.**

A comparable number of units of service is projected for FY 2002 and 2003.

## **Administrative Structure – Statutory Authority**

### **46-183. Advisory council on aging; members; appointment; terms; compensation; officers; subcommittee**

- A. There shall be an advisory council on aging.
- B. The advisory council on aging shall be composed of fifteen members appointed by the governor who shall remove a member for cause. Members appointed to the council shall be selected pursuant to rules adopted by the director which conform to the provisions of the older Americans act of 1965 (P.L. 89-73, 87 Stat. 30, 42 United States Code 3001 et seq.) and the federal regulations promulgated pursuant to that act. In addition members shall have a knowledge of, and an established basic interest in, the problems affecting older citizens, and members shall be selected with due regard to geographic and other elements of representation in order that as many divergent views as possible can be represented.
- C. Each member of the council shall be appointed for a term of three years. Vacancies occurring other than by expiration of term shall be filled in the same manner for the balance of the unexpired term.
- D. The governor shall appoint a chairperson each year from the council membership who shall appoint a vice-chairperson and secretary from the council membership. The governor shall also appoint an executive director. The department shall provide necessary staff services to the advisory council on aging.
- E. The chairman shall appoint a subcommittee on Alzheimer's disease and related disorders.

### **46-184. Advisory council duties**

- A. The advisory council shall advise all state departments which the council deems necessary on all matters and issues relating to aging, including administration of the state plan on aging. In performing this function, the council shall not be limited to provisions of the older Americans act of 1965.
- B. Each year the council shall submit a written report of its recommendations regarding the state plan on aging to the governor, the president of the senate and the speaker of the house of representatives.
- C. The council shall convene in formal meeting at the call of the chairman, but in no case less than four times each fiscal year. A quorum shall consist of no less than nine members present. Recommendations to the department, the governor, the president of the senate and the speaker of the house of representatives by the council shall be represented by a simple majority vote of members present of a quorum in formal meeting. Minority opinions with respect to any council recommendation may be formally submitted in writing to the department, the governor, the president of the senate and the speaker of the house of representatives through the chairman of the council.
- D. The subcommittee on Alzheimer's disease and related disorders appointed pursuant to section 46-183 shall collect new data from long-term care providers, families and victims of Alzheimer's disease and related disorders and prepare new or revised recommendations based on this information.

#### **41-1954. Powers and duties**

A. In addition to the powers and duties of the agencies listed in section 41-1953, subsection D the department shall:

1. Administer the following services:

(a) Employment services, which shall include manpower programs and work training, field operations, technical services, unemployment compensation, community work and training and other related functions in furtherance of programs under the social security act, as amended, the Wagner-Peyser act, as amended, the federal unemployment tax act, as amended, 33 United States Code, the family support act of 1988 (P.L. 100-485) and other related federal acts and titles.

(b) Individual and family services, which shall include a section on aging, services to children, youth and adults and other related functions in furtherance of social service programs under the social security act, as amended, title IV, grants to states for aid and services to needy families with children and for child-welfare services, title XX, grants to states for services, the older Americans act, as amended, the family support act of 1988 (P.L. 100-485) and other related federal acts and titles.

(c) Income maintenance services, which shall include categorical assistance programs, special services unit, child support collection services, establishment of paternity services, maintenance and operation of a state case registry of child support orders, a state directory of new hires, a support payment clearinghouse and other related functions in furtherance of programs under the social security act, title IV, grants to states for aid and services to needy families with children and for child-welfare services, title XX, grants to states for services, as amended, and other related federal acts and titles.

(d) Rehabilitation services, which shall include vocational rehabilitation services and sections for the blind and visually impaired, communication disorders, correctional rehabilitation and other related functions in furtherance of programs under the vocational rehabilitation act, as amended, the Randolph-Sheppard act, as amended, and other related federal acts and titles.

(e) Administrative services, which shall include the coordination of program evaluation and research, interagency program coordination and in-service training, planning, grants, development and management, information, legislative liaison, budget, licensing and other related functions.

(f) Manpower planning, which shall include a state manpower planning council for the purposes of the federal-state-local cooperative manpower planning system and other related functions in furtherance of programs under the comprehensive employment and training act of 1973, as amended, and other related federal acts and titles.

(g) Apprenticeship functions as prescribed in title 23, chapter 2, article 2, and furtherance of programs under the Fitzgerald act, Public Law 308, 75th Congress, as amended, and other related federal acts and titles.

- (h) Economic opportunity services, which shall include the furtherance of programs prescribed under the economic opportunity act of 1967, as amended, and other related federal acts and titles.
  - (i) Mental retardation and other developmental disability programs, with emphasis on referral and purchase of services. The program shall include educational, rehabilitation, treatment and training services and other related functions in furtherance of programs under the developmental disabilities services and facilities construction act, Public Law 91-517, and other related federal acts and titles.
  - (j) Nonmedical home and community based services and functions including department designated case management, housekeeping services, chore services, home health aid, personal care, visiting nurse services, adult day care or adult day health, respite sitter care, attendant care, home delivered meals and other related services and functions.
2. Provide a coordinated system of initial intake, screening, evaluation and referral of persons served by the department.
  3. Adopt rules it deems necessary or desirable to further the objectives and programs of the department.
  4. Formulate policies, plans and programs to effectuate the missions and purposes of the department.
  5. Employ, determine the conditions of employment and prescribe the duties and powers of administrative, professional, technical, secretarial, clerical and other persons as may be necessary in the performance of its duties, contract for the services of outside advisors, consultants and aides as may be reasonably necessary and reimburse department volunteers, designated by the director, for expenses in transporting clients of the department on official business.
  6. Make contracts and incur obligations within the general scope of its activities and operations subject to the availability of funds.
  7. Contract with or assist other departments, agencies and institutions of the state, local and federal governments in the furtherance of its purposes, objectives and programs.
  8. Be designated as the single state agency for the purposes of administering and in furtherance of each federally supported state plan.
  9. Accept and disburse grants, matching funds and direct payments from public or private agencies for the conduct of programs which are consistent with the overall purposes and objectives of the department.
  10. Provide information and advice on request by local, state and federal agencies and by private citizens, business enterprises and community organizations on matters within the scope of its duties subject to the departmental rules on the confidentiality of information.
  11. Establish and maintain separate financial accounts as required by federal law or regulations.
  12. Advise with and make recommendations to the governor and the legislature on all matters concerning its objectives.
  13. Have an official seal which shall be judicially noticed.



14. Annually estimate the current year's population of each county, city and town in this state, using the periodic census conducted by the United States department of commerce, or its successor agency, as the basis for such estimates and deliver such estimates to the economic estimates commission prior to December 15.

15. Estimate the population of any newly annexed areas of a political subdivision as of July 1 of the fiscal year in which the annexation occurs and deliver such estimates as promptly as is feasible after the annexation occurs to the economic estimates commission.

16. Establish and maintain a statewide program of services for persons who are both hearing impaired and visually impaired and coordinate appropriate services with other agencies and organizations to avoid duplication of these services and to increase efficiency. The department of economic security shall enter into agreements for the utilization of the personnel and facilities of the department of economic security, the department of health services and other appropriate agencies and organizations in providing these services.

17. Establish and charge fees for deposit in the department of economic security prelayoff assistance services fund to employers who voluntarily participate in the services of the department which provide job service and retraining for persons who have been or are about to be laid off from employment. The department shall charge only those fees necessary to cover the costs of administering the job service and retraining services.

18. Establish a focal point for addressing the issue of hunger in Arizona and provide coordination and assistance to public and private nonprofit organizations which aid hungry persons and families throughout this state. Specifically such activities shall include:

(a) Collecting and disseminating information regarding the location and availability of surplus food for distribution to needy persons, the availability of surplus food for donation to charity food bank organizations, and the needs of charity food bank organizations for surplus food.

(b) Coordinating the activities of federal, state, local and private nonprofit organizations which provide food assistance to the hungry.

(c) Accepting and disbursing federal monies, and any state monies appropriated by the legislature, to private nonprofit organizations in support of the collection, receipt, handling, storage, and distribution of donated or surplus food items.

(d) Providing technical assistance to private nonprofit organizations which provide or intend to provide services to the hungry.

(e) Developing a state plan on hunger which, at a minimum, identifies the magnitude of the hunger problem in this state, the characteristics of the population in need, the availability and location of charity food banks and the potential sources of surplus food, assesses the effectiveness of the donated food collection and distribution network and other efforts to alleviate the hunger problem, and recommends goals and strategies to improve the status of the hungry. The state plan on hunger shall be

incorporated into the department's state comprehensive plan prepared pursuant to section 41-1956.

(f) Establishing a special purpose advisory council on hunger pursuant to section 41-1981.

19. Establish an office to address the issue of homelessness and to provide coordination and assistance to public and private nonprofit organizations which prevent homelessness or aid homeless individuals and families throughout this state. These activities shall include:

(a) Promoting and participating in planning for the prevention of homelessness and the development of services to homeless persons.

(b) Identifying and developing strategies for resolving barriers in state agency service delivery systems that inhibit the provision and coordination of appropriate services to homeless persons and persons in danger of being homeless.

(c) Assisting in the coordination of the activities of federal, state and local governments and the private sector which prevent homelessness or provide assistance to homeless people.

(d) Assisting in obtaining and increasing funding from all appropriate sources to prevent homelessness or assist in alleviating homelessness.

(e) Serving as a clearinghouse on information regarding funding and services available to assist homeless persons and persons in danger of being homeless.

(f) Developing an annual state comprehensive homeless assistance plan to prevent and alleviate homelessness.

(g) Submitting an annual report by January 1, 1992 and each year thereafter to the governor, the president of the senate and the speaker of the house of representatives on the status of homelessness and efforts to prevent and alleviate homelessness.

20. Cooperate with the Arizona Mexico commission in the governor's office and with researchers at universities in this state to collect data on issues that are within the scope of the department's duties and that relate to quality of life, trade and economic development in this state in a manner that will help the Arizona Mexico commission to assess the economic competitiveness of this state and of the state of Sonora, Mexico.

B. If the department has responsibility for the care, custody or control of a child or is paying the cost of care for a child, it may serve as representative payee to receive and administer social security and veterans administration benefits and other benefits payable to such child. Notwithstanding any law to the contrary, the department:

1. Shall transmit such monies as it receives to the state treasurer to be placed and retained separate and apart from the general fund in the state treasury and on the books of the department of administration.

2. May use such monies to defray the cost of care and services expended by the department for the benefit, welfare and best interests of the child and invest any of the monies that the director determines are not necessary for immediate use.

3. Shall maintain separate records to account for the receipt, investment and disposition of funds received for each child.

4. Shall, upon termination of the department's responsibility for the child, release any funds remaining to the child's credit in accordance with the requirements of the funding source or in the absence of such requirements shall release the remaining funds to:

(a) The child, if the child is at least eighteen years of age or is emancipated.

(b) The person responsible for the child if the child is a minor and not emancipated.

C. Nothing in subsection B of this section shall pertain to benefits payable to or for the benefit of a child receiving services under title 36.

D. Volunteers reimbursed for expenses pursuant to subsection A, paragraph 5 of this section are not eligible for workers' compensation under title 23, chapter 6.

E. In implementing the temporary assistance for needy families program pursuant to Public Law 104-193, the department shall provide for cash assistance to two parent families if both parents are able to work only upon documented participation by both parents in work activities described in title 46, chapter 2, article 5, except that payments may be made to families who do not meet the participation requirements if:

1. It is determined on an individual case basis that they have emergency needs.

2. The family is determined to be eligible for diversion from long-term cash assistance pursuant to title 46, chapter 2, article 5.

F. The department shall provide for cash assistance under temporary assistance for needy families pursuant to Public Law 104-193 to two parent families for no longer than six months if both parents are able to work, except that additional assistance may be provided on an individual case basis to families with extraordinary circumstances. The department shall establish by rule the criteria to be used to determine eligibility for additional cash assistance.

G. The department may establish a representative payee program to provide representative payee services to manage social security or supplemental security income benefits for persons who are receiving general assistance benefits pursuant to section 46-233 and who require the services of a representative payee to manage social security or supplemental security income benefits. The department may use not more than an average of eight hundred fifty dollars for any one person annually from monies appropriated for general assistance benefits for the purpose of paying persons or agencies to provide representative payee services.

H. The department shall adopt the following discount medical payment system no later than October 1, 1993 for persons who the department determines are eligible and who are receiving rehabilitation services pursuant to subsection A, paragraph 1, subdivision (d) of this section:

1. For inpatient hospital admissions and outpatient hospital services the department shall reimburse a hospital according to the tiered per diem rates and outpatient cost-to-charge ratios established by the Arizona health care cost containment system pursuant to section 36-2903.01, subsection J.

2. The department's liability for a hospital claim under this subsection is subject to availability of funds.

3. A hospital bill is considered received for purposes of paragraph 5 of this subsection upon initial receipt of the legible, error-free claim form by the

department if the claim includes the following error-free documentation in legible form:

- (a) An admission face sheet.
- (b) An itemized statement.
- (c) An admission history and physical.
- (d) A discharge summary or an interim summary if the claim is split.
- (e) An emergency record, if admission was through the emergency room.
- (f) Operative reports, if applicable.
- (g) A labor and delivery room report, if applicable.

4. The department shall require that the hospital pursue other third party payors prior to submitting a claim to the department. Payment received by a hospital from the department pursuant to this subsection is considered payment by the department of the department's liability for the hospital bill. A hospital may collect any unpaid portion of its bill from other third party payors or in situations covered by title 33, chapter 7, article 3.

5. For inpatient hospital admissions and outpatient hospital services rendered on and after October 1, 1997, if the department receives the claim directly from the hospital, the department shall pay a hospital's rate established according to this section subject to the following:

- (a) If the hospital's bill is paid within thirty days of the date the bill was received, the department shall pay ninety-nine per cent of the rate.
- (b) If the hospital's bill is paid after thirty days but within sixty days of the date the bill was received, the department shall pay one hundred per cent of the rate.
- (c) If the hospital's bill is paid any time after sixty days of the date the bill was received, the department shall pay one hundred per cent of the rate plus a fee of one per cent per month for each month or portion of a month following the sixtieth day of receipt of the bill until the date of payment.

6. For medical services other than those for which a rate has been established pursuant to section 36-2903.01, subsection J, the department shall pay according to the Arizona health care cost containment system capped fee-for-service schedule adopted pursuant to section 36-2904, subsection M or any other established fee schedule the department determines reasonable.

I. The department shall not pay claims for services pursuant to this section which are submitted more than nine months after the date of service for which the payment is claimed.

J. To assist in the location of persons or assets for the purpose of establishing paternity, establishing, modifying or enforcing child support obligations and other related functions, the department has access, including automated access if the records are maintained in an automated data base, to records of state and local government agencies, including:

- 1. Vital statistics, including records of marriage, birth and divorce.
- 2. State and local tax and revenue records, including information on residence address, employer, income and assets.
- 3. Records concerning real and titled personal property.
- 4. Records of occupational and professional licenses.

5. Records concerning the ownership and control of corporations, partnerships and other business entities.
  6. Employment security records.
  7. Records of agencies administering public assistance programs.
  8. Records of the motor vehicle division of the department of transportation.
  9. Records of the state department of corrections.
  10. Any system used by a state agency to locate a person for motor vehicle or law enforcement purposes, including access to information contained in the Arizona criminal justice information system.
- K. Notwithstanding subsection J of this section, the department or its agents shall not seek or obtain information on the assets of an individual unless paternity is presumed pursuant to section 25-814 or established.
- L. Access to records of the department of revenue pursuant to subsection J of this section shall be provided in accordance with section 42-2003.
- M. The department also has access to certain records held by private entities with respect to child support obligors or obligees, or individuals against whom such an obligation is sought. The information shall be obtained as follows:
1. In response to a child support subpoena issued by the department pursuant to section 25-520, the names and addresses of these persons and the names and addresses of the employers of these persons, as appearing in customer records of public utilities and cable television companies.
  2. Information on these persons held by financial institutions.
- N. Pursuant to department rules, the department may compromise or settle any support debt owed to the department if the director or an authorized agent determines that it is in the best interest of the state and after considering each of the following factors:
1. The obligor's financial resources.
  2. The cost of further enforcement action.
  3. The likelihood of recovering the full amount of the debt.
- O. Notwithstanding any law to the contrary, a state or local governmental agency or private entity is not subject to civil liability for the disclosure of information made in good faith to the department pursuant to this section.

#### **46-191. Definitions**

In this article, unless the context otherwise requires:

1. "Adult day care" or "adult day health" means services which provide adults with optimal personal care in a group setting during a portion of a twenty-four hour day. This service provides planned care and supervision, recreation and socialization, personal care, personal living skills training, congregate meals and health monitoring and may include health related services such as preventive, therapeutic and restorative health care.
2. "Attendant care" means a service which provides a trained attendant to provide assistance with homemaking, general supervision and personal care.
3. "Case management services" means the assessment and development of an individualized service plan through which the eligibility of individuals is determined, appropriate services or benefits are identified, planned, reported, monitored or terminated and follow-up is provided if and when appropriate.

4. "Home care services" means services provided to an individual who is functionally impaired and unable to perform activities of daily living. These services include case management, assessment of functional impairment and needed community services, home care, housekeeping chore services, home health aid, personal care, visiting nurse services, adult day care, adult day health, respite care, attendant care and home delivered meals.
5. "Home delivered meals service" means a nutritious meal which contains at least one-third of the recommended dietary allowance for an individual and is delivered to the individual's place of residence.
6. "Home health aid" means services which provide intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living within the individual's place of residence.
7. "Nonmedical home and community based care system" means a comprehensive, case managed system of care which is provided to a functionally disabled person in the person's home or community and which supports the role of the family and caregivers as a part of the care plan which may include personal care, housekeeper chore services, adult day care, adult day health care, respite care and home delivered meals, as well as health care services which are a necessary, but subordinate, part of the care plan.
8. "Older Arizonan" means a resident of this state who is at least sixty years of age.
9. "Personal care" means assistance to meet essential personal physical needs.
10. "Physically disabled" means an individual who has a physical impairment that substantially limits one or more major life activities and who has a diagnosis of such impairment.
11. "Respite sitter services" means short-term care and supervision which may be required to be available on a twenty-four hour basis.
12. "Visiting nurse services" means services which provide intermittent skilled nursing services in the individual's place of residence. Skilled nursing services may include health maintenance, continued treatment or supervision of a health condition.

#### **46-192. Identification of services**

A. The department, in conjunction with other state and local government agencies and community organizations and agencies, shall identify those services provided by state departments and agencies that are appropriate services to implement the goal of enabling older Arizonans to maintain the most independence and freedom, avoid institutional care and live in dignity. In addition to existing services, such services may include the following:

1. General information services, including publication of available services, information and referral and outreach.
2. Transportation, including transportation necessary to guarantee access to services.
3. Nutrition, socialization and education.

4. Nonmedical home and community based care including case management, assessment of functional impairment and needed community services, home care, housekeeping chore services, home health aid, personal care, visiting nurse services, adult day care or adult day health, respite care, attendant care and home delivered meals.
5. Physical and mental health services, including inpatient and outpatient care, screening, appliances and supplies, mental health and home health care.
6. Placement services, including nursing homes, supervisory care, personal care, foster care and day care.
7. Protective advocacy and legal services.
8. Education, including senior adult education programs and training and research in the field of aging.
9. Volunteer and leadership development services.
10. Self-support services, including employment services, job development and income maintenance.

B. The department shall develop a basic plan to coordinate the services identified in this section and other appropriate services so as to avoid duplication and increase efficiency.

C. The department of health services, the department of transportation, the Arizona department of education and other appropriate state departments and agencies shall cooperate in coordinating services under the basic plan.

D. The department shall develop a comprehensive agreement by which the personnel and facilities of the department, the department of health services, the department of transportation, the Arizona department of education and other appropriate departments and agencies are utilized in carrying out this article provided that such agreement:

1. Results in more economical performance of duties of those departments and agencies.
2. Allows the department to contract for the services of consultants and agencies, subject to the availability of funding for such purpose.

E. The department may provide information and assist local agencies and organizations that provide services to older Arizonans.

F. The department may, under grant programs, utilize older Americans as staff to implement this article.

G. The integrity of senior citizen participation at all planning and program development levels shall be ensured.

H. The director shall designate an employee within the department to be responsible for the direction, planning, coordination and administration of the department's responsibilities under this article.

#### **46-452.01. Office of State Long-Term Care Ombudsman**

The office of state long-term care ombudsman is established pursuant to the older Americans act of 1965, as amended (P.L. 100-175; United States Code section 307(a)(12)). The state long-term care ombudsman is under the direct supervision of the department of economic security, aging and adult administration program administrator or his designee. The department shall adopt rules for the purpose of implementing the state long-term care ombudsman program.

**46-452.02. Long-Term Care Ombudsman; duties; immunity from liability**

A. A representative of the office of the state long-term care ombudsman who performs the official duties of the long-term care ombudsman shall not be liable under state law for the good faith performance of official duties.

B. Official duties of the office of the state long-term care ombudsman include authority to:

1. Enter long-term care facilities to communicate with residents.
2. Hear, investigate and attempt to resolve complaints by agreement, mediation or conciliation.
3. Render advice to residents of facilities.
4. Refer cases involving abuse, neglect, exploitation or health and safety to adult protective services or the appropriate licensing agency.
5. Make appropriate referrals to legal services or other community services.
6. Such other responsibilities as required pursuant to the older Americans Act of 1965, as amended (P.L. 100175, sec. 307 (A) (12); 42 United States Code 3027(A) (12)).

C. Official duties of the office of the state long-term care ombudsman do not include activities performed by a licensed health care provider as defined in section 12- 561.

**46-453. Immunity of participants; nonprivileged communication**

A. Any person making a complaint, furnishing a report, information or records required or authorized by this chapter or otherwise participating in the program authorized by this chapter or in a judicial or administrative proceeding or investigation resulting from reports, information or records submitted or obtained pursuant to this chapter is immune from any civil or criminal liability by reason of such action, unless the person acted with malice or unless such person has been charged with or is suspected of abusing, exploiting or neglecting the incapacitated or vulnerable adult in question. Except as provided in subsection B of this section the physician-patient privilege, husband-wife privilege or any privilege except the attorney-client privilege, provided for by professions such as the practice of social work or nursing covered by law or a code of ethics regarding practitioner-client confidences, both as they relate to the competency of the witness and to the exclusion of confidential communications, shall not pertain in any civil or criminal litigation in which an incapacitated or vulnerable adult's exploitation, abuse or neglect is an issue nor in any judicial or administrative proceeding resulting from a report, information or records submitted or obtained pursuant to section 46-454 nor in any investigation of an incapacitated or vulnerable adult's exploitation, abuse or neglect conducted by a peace officer or a protective services worker.

B. In any civil or criminal litigation in which incapacitation, abuse, exploitation or neglect of an incapacitated or vulnerable adult is an issue, a clergyman or priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a clergyman or a priest in the course of the discipline enjoined by the church to which he belongs.



**46-454. Duty to report abuse, neglect and exploitation of incapacitated or vulnerable adults; duty to make medical records available; violation; classification**

A. A physician, hospital intern or resident, surgeon, dentist, psychologist, social worker, peace officer or other person who has responsibility for the care of an incapacitated or vulnerable adult and who has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer or to a protective services worker. The guardian or conservator of an incapacitated or vulnerable adult shall immediately report or cause reports to be made of such reasonable basis to the superior court. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday.

B. An attorney, accountant, trustee, guardian, conservator or other person who has responsibility for preparing the tax records of an incapacitated or vulnerable adult or a person who has responsibility for any other action concerning the use or preservation of the incapacitated or vulnerable adult's property and who, in the course of fulfilling that responsibility, discovers a reasonable basis to believe that exploitation of the adult's property has occurred or that abuse or neglect of the adult has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer, to a protective services worker or to the public fiduciary of the county in which the incapacitated or vulnerable adult resides. If the public fiduciary is unable to investigate the contents of a report, the public fiduciary shall immediately forward the report to a protective services worker. If a public fiduciary investigates a report and determines that the matter is outside the scope of action of a public fiduciary, then the report shall be immediately forwarded to a protective services worker. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday.

C. Reports pursuant to subsections A and B shall contain:

1. The names and addresses of the adult and any persons having control or custody of the adult, if known.
2. The adult's age and the nature and extent of his incapacity or vulnerability.
3. The nature and extent of the adult's injuries or physical neglect or of the exploitation of the adult's property.
4. Any other information that the person reporting believes might be helpful in establishing the cause of the adult's injuries or physical neglect or of the exploitation of the adult's property.

D. Any person other than one required to report or cause reports to be made in subsection A who has a reasonable basis to believe that abuse or neglect of an incapacitated or vulnerable adult has occurred may report the information to a peace officer or to a protective services worker.

E. A person having custody or control of medical or financial records of an incapacitated or vulnerable adult for whom a report is required or authorized under this section shall make such records, or a copy of such records, available to a peace officer

or adult protective services worker investigating the incapacitated or vulnerable adult's neglect, exploitation or abuse on written request for the records signed by the peace officer or adult protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

F. If reports pursuant to this section are received by a peace officer, he shall notify the adult protective services of the department of economic security as soon as possible and make such information available to them.

G. A person required to receive reports pursuant to subsection A, B or D may take or cause to be taken photographs of the abused adult and the vicinity involved. Medical examinations including radiological examinations of the involved adult may be performed. Accounts, inventories or audits of the exploited adult's property may be performed. The person, department, agency, or court that initiates such photographs, examinations, accounts, inventories or audits shall pay the associated costs in accordance with existing statutes and rules. If any person is found to be responsible for the abuse, neglect or exploitation of an incapacitated or vulnerable adult in a criminal or civil action, the court may order the person to make restitution as the court deems appropriate.

H. If psychiatric records are requested pursuant to subsection E, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.
2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

I. If any portion of a psychiatric record is excised pursuant to subsection H, a court, upon application of a peace officer or adult protective services worker, may order that the entire record or any portion of such record containing information relevant to the reported abuse or neglect be made available to the peace officer or adult protective services worker investigating the abuse or neglect.

J. A person who violates any provision of this section is guilty of a class 1 misdemeanor.

K. A licensing agency shall not find that a reported incidence of abuse at a care facility by itself is sufficient grounds to permit the agency to close the facility or to find that all residents are in imminent danger.

**46-455. Permitting life or health of an incapacitated or vulnerable adult to be endangered by neglect; violation; classification; civil remedy; definition**

A. A person who has been employed to provide care, who is a de facto guardian or de facto conservator or who has been appointed by a court to provide care to an incapacitated or vulnerable adult and who causes or permits the life of the adult to be endangered or his health to be injured or endangered by neglect is guilty of a class 5 felony.

B. An incapacitated or vulnerable adult whose life or health is being or has been endangered or injured by neglect, abuse or exploitation may file an action in superior

court against any person or enterprise that has been employed to provide care, that has assumed a legal duty to provide care or that has been appointed by a court to provide care to such incapacitated or vulnerable adult for having caused or permitted such conduct.

C. The state may file an action pursuant to this section on behalf of those persons endangered or injured to prevent, restrain or remedy the conduct described in this section.

D. The superior court has jurisdiction to prevent, restrain and remedy the conduct described in this section, after making provision for the rights of all innocent persons affected by such conduct and after a hearing or trial, as appropriate, by issuing appropriate orders.

E. Prior to a determination of liability, the orders may include, but are not limited to, entering restraining orders or temporary injunctions or taking such other actions, including the acceptance of satisfactory performance bonds, the creation of receiverships and the appointment of qualified receivers and the enforcement of constructive trusts, as the court deems proper.

F. After a determination of liability such orders may include, but are not limited to:

1. Ordering any person to divest himself of any direct or indirect interest in any enterprise.
2. Imposing reasonable restrictions, including permanent injunctions, on the future activities or investments of any person including prohibiting any person from engaging in the same type of endeavor or conduct to the extent permitted by the constitutions of the United States and this state.
3. Ordering dissolution or reorganization of any enterprise.
4. Ordering the payment of actual and consequential damages, as well as punitive damages, costs of suit and reasonable attorney fees, to those persons injured by the conduct described in this section.
5. Ordering the payment of all costs and expenses of the prosecution and investigation of the conduct described in this section, civil and criminal, incurred by the state or county as appropriate to be paid to the general fund of this state or the county which incurred such costs and expenses.

G. A defendant convicted in any criminal proceeding is precluded from subsequently denying the essential allegations of the criminal offense of which he was convicted in any civil proceeding. For the purposes of this subsection, a conviction may result from a verdict or plea, including a plea of no contest.

H. A person who files an action under this section shall serve notice and one copy of the pleading on the attorney general within thirty days after the action is filed with the superior court. The notice shall identify the action, the person and the person's attorney. Service of the notice does not limit or otherwise affect the right of this state to maintain an action under this section or intervene in a pending action nor does it authorize the person to name this state or the attorney general as a party to the action. Upon receipt of a complaint the attorney general shall notify the appropriate licensing agency.

I. The initiation of civil proceedings pursuant to this section shall be commenced within seven years after actual discovery of the cause of action.

J. The standard of proof in civil actions brought pursuant to this section is the preponderance of the evidence.

K. Except in cases filed by a county attorney, the attorney general may, upon timely application, intervene in any civil action or proceeding brought under this section if the attorney general certifies that in his opinion the action is of special public importance. Upon intervention, the attorney general may assert any available claim and is entitled to the same relief as if the attorney general had instituted a separate action.

L. In addition to the state's right to intervene as a party in any action under this section, the attorney general may appear as a friend of the court in any proceeding in which a claim under this section has been asserted or in which a court is interpreting section 46-453 or this section.

M. A civil action authorized by this section is remedial and not punitive and does not limit and is not limited by any other civil remedy or criminal action or any other provision of law. Civil remedies provided under this title are supplemental and not mutually exclusive.

N. The cause of action or the right to bring a cause of action pursuant to subsection B or C of this section shall not be limited or affected by the death of the incapacitated or vulnerable adult.

O. In this section, "enterprise" means any corporation, partnership, association, labor union, or other legal entity, or any group of persons associated in fact although not a legal entity, which is involved with providing care to an incapacitated or vulnerable adult.

**46-456. Duty to an incapacitated or vulnerable adult; financial exploitation; civil and criminal penalties; exceptions; definitions**

A. A person who is in a position of trust and confidence to an incapacitated or vulnerable adult shall act for the benefit of that person to the same extent as a trustee pursuant to title 14, chapter 7, article 3.

B. A person who is in a position of trust and confidence and who by intimidation or deception knowingly takes control, title, use or management of an incapacitated or vulnerable adult's asset or property with the intent to permanently deprive that person of the asset or property is guilty of theft as provided in section 13-1802.

C. A person who violates subsection A or B of this section is subject to damages in a civil action brought by or on behalf of an incapacitated or vulnerable adult that equal up to three times the amount of the monetary damages.

D. A person who violates subsection A or B of this section forfeits all benefits with respect to the estate of the deceased, incapacitated or vulnerable adult, including an intestate share, an elective share, an omitted spouse's share, an omitted child's share, a homestead allowance, an exempt property allowance and a family allowance. If the incapacitated or vulnerable adult died intestate, the decedent's intestate estate passes as if the person who committed the violation disclaimed that person's intestate share.

E. The provisions of section 46-455, subsections D, E, F, G, I, J, M and N also apply to civil violations of this section.

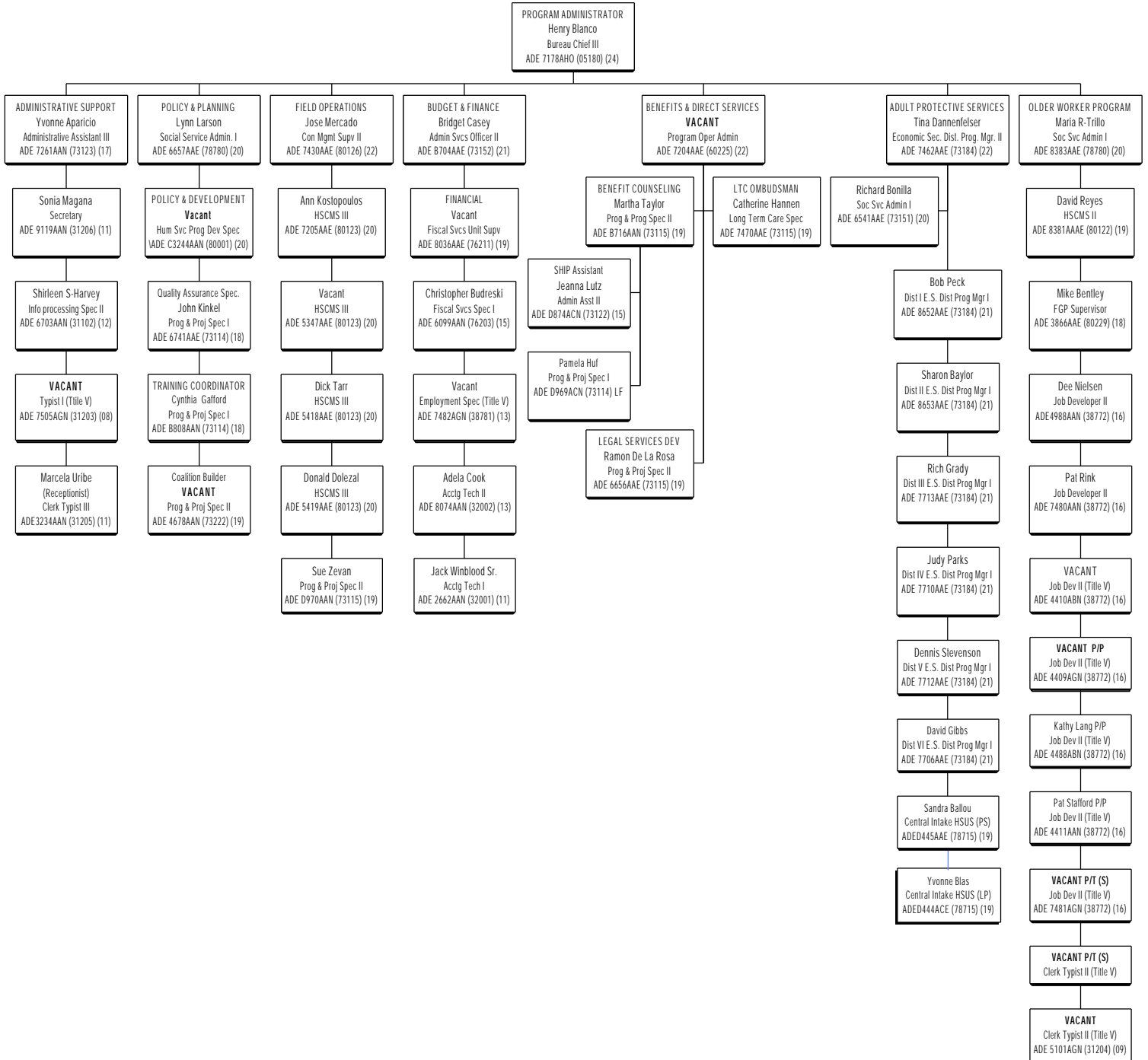
F. Subsections A, C, D and E of this section do not apply to an agent that is any of the following:

1. A bank, financial institution or escrow agent licensed or certified pursuant to title 6.
2. A securities dealer or salesman registered pursuant to title 44, chapter 12, article 9.
3. An insurer, including a title insurer, authorized and regulated pursuant to title 20.

G. For the purposes of this section:

1. "Deception" means that a person deceives an incapacitated or vulnerable adult by knowingly doing any of the following:
  - (a) Creating or confirming a false impression in an incapacitated or vulnerable adult's mind.
  - (b) Failing to correct a false impression that the person is responsible for creating or confirming in an incapacitated or vulnerable adult's mind.
  - (c) Making a promise to an incapacitated or vulnerable adult that the person does not intend to perform or that the person knows will not or cannot be performed. A person's failure to perform a promise is not by itself sufficient proof that the person did not intend to perform the promise.
  - (d) Misrepresenting or concealing a material fact that relates to the terms of a contract or an agreement that the person enters into with the incapacitated or vulnerable adult or that relates to the existing or preexisting condition of any of the property involved in a contract or an agreement.
  - (e) Using any material misrepresentation, false pretense or false promise to induce, encourage or solicit an incapacitated or vulnerable adult to enter into a contract or an agreement.
2. "Intimidation" includes threatening to deprive an incapacitated or vulnerable adult of food, nutrition, shelter or necessary medication or medical treatment.
3. "Position of trust and confidence" means that a person is any of the following:
  - (a) One who has assumed a duty to provide care to the incapacitated or vulnerable adult.
  - (b) A joint tenant or a tenant in common with an incapacitated or vulnerable adult.
  - (c) One who is in a fiduciary relationship with an incapacitated or vulnerable adult including a de facto guardian or de facto conservator.

# DACS AGING & ADULT ADMINISTRATION



Organizational Chart

## **Designations for Area Agencies on Aging and Adult Protective Services**

### **Area Agencies on Aging Office Area Agency on Aging,**

Region One, Inc.  
1366 East Thomas Road, Suite 108  
Phoenix, Arizona 85014  
(602) 264-2255  
(602) 230-9132 FAX

Area Agency on Aging, Region II  
Pima Council on Aging  
5055 E. Broadway, Suite C-104  
Tucson, Arizona 85711  
(520) 790-7262  
(520) 790-7577 FAX

Area Agency on Aging, Region III  
Northern AZ Council of Government  
119 E. Aspen Avenue  
Flagstaff, Arizona 86001-5296  
(520) 774-1895  
(520) 773-1135 FAX

Area Agency on Aging, Region IV  
Western AZ Council of Governments  
224 S. 3rd Avenue  
Yuma, Arizona 85364  
(520) 782-1886  
(520) 329-4248 FAX

Area Agency on Aging, Region V  
Pinal/Gila Council for Senior Citizens  
P.O. Box 11452  
Casa Grande, Arizona 85230-1452  
(520) 836-2758  
(520) 421-2033 FAX

Area Agency on Aging, Region VI  
Southeastern AZ Government  
Organization  
118 Arizona Street  
Bisbee, Arizona 85603  
(520) 432-5301  
(520) 432-5858

Navajo Area Agency on Aging, Reg. VII  
P.O. Box Drawer 1390  
Administration Bldg. #2  
Window Rock, Arizona 86515  
(520) 871-6797  
(520) 871-6783  
(520) 871-6255 FAX

Area Agency on Aging, Region VIII  
Inter-Tribal Council of AZ  
2214 N. Central #100  
Phoenix, Arizona 85004  
(602) 258-4822  
(602) 258-ITCA  
(602) 258-4825 FAX

### **Adult Protective Services Offices**

DISTRICT I  
2222 S. Dobson, Bld. 10, Ste.  
1002, 108 C-5  
Mesa, AZ 85202

DISTRICT I  
1122 N. 7th St., Ste. 205, 110 A  
Phoenix, AZ 85006

DISTRICT I  
5800 W. Glenn Dr., Ste. 200, 146 C-5  
Glendale, AZ 85301

DISTRICT II  
4601 E Fort Lowell, Ste. 300, 201 A  
Tucson, AZ 85712

DISTRICT III  
397 Malpais Lane,310 C-5  
Flagstaff, AZ 86001

DISTRICT III  
395 S. Washington St./P.O. BOX  
3120,326 C-5  
St. Johns, AZ 85936

DISTRICT III  
153 Vista Dr.,331 C-5  
Holbrook, AZ 86025

DISTRICT III  
319 E. 3rd Street,335 C-5  
Winslow, AZ 86047

DISTRICT III  
40 South 11th Street,336 C-5  
Show Low, AZ 85901

DISTRICT III  
1509-A West Gurley,342 C-5  
Prescott, AZ 86301

DISTRICT III  
1645 E. Cottonwood St., Ste. A,344 C-5  
Cottonwood, AZ 86326

DISTRICT IV  
519 E. Beale Street,402C-5  
Kingman, AZ 85401

DISTRICT IV  
829 Hancock Rd.,415 C-5  
BHC, AZ 86442

DISTRICT IV  
232 London Bridge Rd.,421 C-5  
Lk Havasu, AZ 86403

DISTRICT IV  
1032 Hopi Avenue,422 C-5  
Parker, AZ 85344

DISTRICT IV  
1220 S. Fourth Avenue,434 C-5  
Yuma, AZ 85364

DISTRICT V  
2510 North Trekell Rd.,500 A  
Casa Grande, AZ 85222

DISTRICT V  
401 N. Marshall St.,512 C-5  
Casa Grande, AZ 85222

DISTRICT V  
1155 N. Arizona Blvd.,513 C-5  
Coolidge, AZ 85228

DISTRICT V  
2066 W. Apache Trail, Suite 108,515 C-5  
Apache Jct., AZ 85219

DISTRICT V  
605 South 7th Street,521 C-5  
Globe, AZ 85501

DISTRICT V  
122 E. Hwy. 260 - Ste.110,525 C-5  
Payson, AZ 85541

DISTRICT V  
228 Main Street,526 C-5  
Mammoth, AZ 85618

DISTRICT VI  
207 Bisbee Road,611 C-5  
Bisbee, AZ 85603

DISTRICT VI  
1140 F Avenue,613 C-5  
Douglas, AZ 85607

DISTRICT VI  
1938 Thatcher Blvd.,614 C-5  
Safford, AZ 85546



DISTRICT VI  
256 S. Curtis Avenue,614 C-5  
Willcox, AZ 85643

DISTRICT VI  
549 West 4th Street,616 C-5  
Benson, AZ 85602

DISTRICT VI  
1938 Thatcher Blvd.,631 A  
Safford, AZ 85546

DISTRICT VI  
256 S. Curtis Avenue,631 C-5  
Willcox, AZ 85546

DISTRICT VI  
330 N. Coronado Blvd.,636 C-5  
Clifton, AZ 85533

DISTRICT VI  
2981 E. Tacoma St.,641 C-5  
Sierra Vista, AZ 85635

DISTRICT VI  
480 N. Grand Avenue,643 C-5  
Nogales, AZ 85621

DISTRICT VII  
4201 N. 16th Street,164C-5  
Phoenix, AZ 85016

## Financial

### **Aging and Adult Administration Operating Budget**

OPERATING BUDGET FOR FY 2000 Resources to be used for State Agency Administration - Aging & Adult				
	Title III	Matching	Other	Total Agency
Title III: State Administration	\$ 547,728.00	\$ -	\$ -	\$ 547,728.00
Other Older Americans Act Funds (Title V)	\$ -	\$ -	\$ 378,100.00	\$ 378,100.00
Other Federal Funds (JTPA, SHIP, FGP, SSBG, FOF)	\$ -	\$ -	\$ 1,572,700.00	\$1,572,700.00
State	\$ -	\$ 136,932.00	\$ -	\$ 136,932.00
<b>TOTAL</b>	\$ 547,728.00	\$ 136,932.00	\$ 1,950,800.00	\$2,635,460.00

### **Arizona Planning and Service Areas**

Region I: Maricopa County  
 Region II: Pima County  
 Region III: Apache, Coconino, Navajo, Yavapai Counties  
 Region IV: La Paz, Mohave, Yuma Counties  
 Region V: Gila, Pinal Counties  
 Region VI: Cochise, Graham, Greenlee, Santa Cruz Counties  
 Region VII: Navajo Interstate Planning and Service Area  
 Region VIII: Intertribal Council of Arizona: Ak Chin, Camp Verde, Cocopah, Colorado River, Fort Apache, Fort McDowell, Fort Mohave, Gila River, Havasupai, Hopi, Hualapai, Kaibab-Paiute, Papago, Pascua Yaqui, Salt River, San Carlos, Tonto Apache, Yavapai-Prescott Reservations

(See Appendix C for Planning and Service Area Map)

## Program Allocation by Planning and Service Areas

State of Arizona

Department of Economic Security

Aging and Adult Administration

### CONTRACT OPERATING BUDGETS (1)

BY PSA (Area Agency on Aging) for Fiscal Year 2001

PLANNING AND SERVICE AREA	TITLE III & VII & STATE MATCH (2)	OTHER FEDERAL & STATE (3)	LOCAL FUNDS (NON-FEDERAL (4))	TOTAL AGENCY
PSA I	4,945,689	6,200,820	13,304,783	\$24,451,292
PSA II	2,185,713	3,355,800	1,426,151	\$6,967,664
PSA III	943,866	1,546,991	2,505,933	\$4,996,790
PSA IV	1,010,805	1,292,247	1,570,798	\$3,873,850
PSA V	758,538	1,119,257	1,099,241	\$2,977,036
PSA VI	743,891	1,302,631	1,070,996	\$3,117,518
PSA VII	754,130	768,472	7,923,148	\$9,445,750
PSA VIII	939,738	940,362	545,773	\$2,425,873
STATE TOTAL	\$12,282,370	\$16,526,580	\$29,446,823	\$58,255,773

**Notes:**

(1) Data from contracts budgets submitted by Area Agencies on Aging for SFY-2001.

(2) Title III & VII includes the State Match for Title III.

(3) Other Federal & State includes USDA, SSBG, Medicaid, Harkins, Medicare, and State Appropriated Funds.

(4) Local Funds include Project Income, In-Kind Non-Federal, Non-Federal, and Other Federal Funds.

### **Method for carrying out preference for older individuals with greatest economic or social need:**

Nearly 11 percent (11%) of Arizona's population aged 60 and over falls into the poverty category, and almost 15% is in the minority category. The Arizona Aging and Adult Administration will take the following steps to ensure that the needs of older persons in these categories are given priority attention:

- ♣ Ensure that individuals in this group are given opportunity for input at public hearings.
- ♣ Encourage the establishment of community focal points and/or service points that are easily accessible to individuals with greatest economic and social need.
- ♣ Promote the inclusion of representatives of this group in advisory councils at the local, Area, and State levels.
- ♣ Weight Native American reservation areas higher than non-reservation areas in the Intrastate Funding Formula.
- ♣ Ensure sensitivity of State Agency staff to the special service needs of this group.
- ♣ Provide technical assistance to Area Agencies on Aging and service providers in meeting the needs of this group.
- ♣ Provide orientation on the special needs of this group in training of service staff and volunteers.
- ♣ Encourage staffing of service projects that include bilingual, bicultural staff commensurate with the composition of the local target populations.
- ♣ Include monitoring and assessment of responses to the needs of this group in monitoring and assessing Area Agencies on Aging and service providers.
- ♣ Ensure that dissemination of information on services resources reaches this group.

### **Method for carrying out preference for rural older individuals:**

Twelve of the fifteen counties of Arizona are entirely rural areas and three counties have large rural areas surrounding their urban areas. The Arizona State Unit on Aging has and will continue to take the following steps to ensure that the needs of older persons in rural areas are given priority attention:

- ♣ Ensure that individuals in this group are given the opportunity for input at public hearings.
- ♣ Work with the Department of Transportation and other State agencies and the Area Agencies on Aging to develop alternative transportation systems.
- ♣ Promote the inclusion of representatives of rural elderly in advisory councils at the local, area, and state levels.

- ♣ Include weighting factor of a 10% set-aside for rural areas in the Intrastate Funding Formula.
- ♣ Ensure sensitivity of State Agency staff to the special service needs of rural elderly through attendance at conference and training sessions that focus on this group.
- ♣ Provide technical assistance to Area Agencies on Aging and service providers in meeting needs of rural elderly.
- ♣ Enhance the use of volunteers and provide volunteer opportunities to serve the elderly in isolated communities.
- ♣ Ensure responsiveness to the needs of this group by monitoring and assessing Area Agencies on Aging and service providers.
- ♣ Promote ongoing outreach to this group through cooperative efforts with Area Agencies on Aging, nutrition projects, long-term care facilities, the Long-Term Care Gerontology Center at the University of Arizona, and other cooperating agencies and organizations.

### **Parity Reports**

Parity reports are prepared to show the distribution of client service populations for Congregate Meals, Home Delivered Meals and Social Services. Specifically, the reports provide an unduplicated client count for each service for the following categories: Non-Minority/Non-Poverty, Minority/Non-Poverty, Non-Minority With an Economic Need (Below Poverty), Minority With an Economic Need (Below Poverty), Frail/Disabled and Age 75 and Over. Additional categories address Native American, Asian/Pacific Islander, Black and Hispanic populations regardless of economic need.

Each category provides the Total Client Count for the service and population category. These reports demonstrate only unduplicated client counts. They do not address the total amount of services provided or the amounts per category. The purpose of the reports is to allow a standard of comparison of services to target populations compared to the percentage each target population represents to the whole.

Population data was derived from 1990 Census data used in the State Allocation Formula. Client counts for 1999 were derived for Congregate Meals and Social Services from the Department of Economic Security, Aging and Adult Administration, Aging Information Management Systems (AIMS) for all regions except Region VIII. The AGO-030A and AGO-031 reports were used to collect data for Region VIII.

**NOTES**<sup>7</sup>:

The race and Hispanic origin categories used by the Census Bureau are mandated by the Office of Management and Budget Directive No. 15, which requires all federal record keeping and data presentation to use four race categories (White, Black, Native American, Asian/Pacific Islander) and two ethnicity categories (Hispanic and non-Hispanic). Within the federal system, everyone is classified as a member of one of the race groups and either Hispanic or non-Hispanic. The Hispanic category counts all Hispanics in the population, regardless of race. The Hispanic category cannot be derived from any of the other categories, but it can be subtracted from the TOTAL to get the total number of non-Hispanics. Therefore, the Hispanic category in the Parity Report is not included as part of the Total Number and Total Percentage fields for 1990 population data. Non-Hispanic is labeled as “NH” within the following parity report tables.

The Hispanic category for the 1999 client counts is included in the Total Number and Total Percentage fields. The inception of AIMS in 1994 provided the Aging and Adult Administration with the capability to count Hispanics as a separate race category.

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<sup>7</sup> Source: U.S. Bureau of the Census, “Explanation of Race and Hispanic Origin Categories”, September 4, 1998.

## Arizona Parity Report for FY 1999

STATE TOTAL	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
<b>CONGREGATE MEALS</b>					
Native American ***	25,775	4.01%	7,594	24.68%	615.46%
Asian/Pacific Is., NH	3,577	0.56%	417	1.36%	242.86%
Black, NH	10,249	1.59%	540	1.75%	110.06%
Hispanic	50,475	7.85%	2,871	9.33%	118.85%
Other Minorities	18,014	2.80%	146	0.47%	16.79%
White, NH	585,685	91.04%	19,203	62.41%	68.55%
<b>Total</b>	643,300	100.00%	30,771	100.00%	
Total Minority	108,090	16.80%	11,568	37.59%	223.75%
Economic Need (Total)	82,120	12.77%	4,693	15.25%	119.42%
Minority Economic Need	27,822	4.32%	1,672	5.43%	125.69%
Frail/Disabled 65+	98,441	15.30%		0.00%	0.00%
75+	191,781	29.81%	5,505	17.89%	60.01%
<b>HOME DELIVERED MEALS</b>					
Native American	25,775	4.01%	3,855	28.58%	712.72%
Asian/Pacific Is., NH	3,577	0.56%	21	0.16%	28.57%
Black, NH	10,249	1.59%	374	2.77%	174.21%
Hispanic	50,475	7.85%	1,417	10.50%	133.76%
Other Minorities	18,014	2.80%	42	0.31%	11.07%
White, NH	585,685	91.04%	7,780	57.68%	63.36%
<b>Total</b>	643,300	100.00%	13,489	100.00%	
Total Minority	108,090	16.80%	5,709	42.32%	251.90%
Economic Need (Total)	82,120	12.77%	6,357	47.13%	369.07%
Minority Economic Need	27,822	33.88%	4,489	33.28%	98.23%
Frail/Disabled 65+	98,441	15.30%	9,427	69.89%	456.80%
75+	191,781	29.81%	7,999	59.30%	198.93%
<b>SOCIAL SERVICE</b>					
Native American	25,775	4.01%	10,443	26.80%	668.33%
Asian/Pacific Is., NH	3,577	0.56%	283	0.73%	130.36%
Black, NH	10,249	1.59%	1,472	3.78%	237.74%
Hispanic	50,475	7.85%	4,652	11.94%	152.10%
Other Minorities	18,014	2.80%	22	0.06%	2.14%
White, NH	585,685	91.04%	22,097	56.70%	62.28%
<b>Total</b>	643,300	100.00%	38,969	100.00%	
Total Minority	108,090	16.80%	16,872	43.30%	257.74%
Economic Need (Total)	82,120	12.77%	21,285	54.62%	427.72%
Minority Economic Need	27,822	4.32%	13,929	35.74%	827.31%
Frail/Disabled 65+	98,441	15.30%	29,449	75.57%	493.92%
75+	191,781	29.81%	20,326	52.16%	174.97%

\* Source : U.S. Bureau of Census, "1990 Census of Population and Housing", summary tape file 3A

\*\* Source: **AIMS Utilization Data for SFY-99**

\*\*\* Source :Bureau of Indian Affairs-National Summary report "1997 INDIAN LABOR FORCE REPORT" pages 15,

16 & 17

## Parity Report by Region for FY 1999

REGION I	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	1,838	0.53%	120	1.08%	203.77%
Asian/Pacific Is., NH	2,278	0.66%	368	3.33%	504.55%
Black, NH	6,405	1.84%	288	2.60%	141.30%
Hispanic	18,986	5.47%	922	8.33%	152.29%
Other Minorities	7,741	2.23%	40	0.36%	16.14%
White, NH	329,015	94.74%	9,324	84.29%	88.97%
Total	347,277	100.00%	11,062	100.00%	
Total Minority	37,248	10.73%	1,738	15.71%	146.41%
Economic Need (Total)	29,511	8.50%	4,097	37.04%	435.76%
Minority Economic Need	6,462	1.86%	1,231	11.13%	598.39%
Frail/Disabled 65+	41,415	11.93%	10,063	90.97%	762.53%
75+	107,344	30.91%	6,311	57.05%	184.57%
HOME DELIVERED MEALS					
Native American	1,838	0.53%	25	0.78%	147.17%
Asian/Pacific Is., NH	2,278	0.66%	8	0.25%	37.88%
Black, NH	6,405	1.84%	241	7.49%	407.07%
Hispanic	18,986	5.47%	398	12.36%	225.96%
Other Minorities	7,741	2.23%	25	0.78%	34.98%
White, NH	329,015	94.74%	2,522	78.35%	82.70%
Total	347,277	100.00%	3,219	100.00%	
Total Minority	37,248	10.73%	697	21.65%	201.77%
Economic Need (Total)	29,511	8.50%	926	28.77%	338.47%
Minority Economic Need	6,462	21.90%	269	8.36%	38.17%
Frail/Disabled 65+	41,415	11.93%	2,757	85.65%	717.94%
75+	107,344	30.91%	2,070	64.31%	208.06%
SOCIAL SERVICE					
Native American	1,838	0.53%	589	5.20%	981.13%
Asian/Pacific Is., NH	2,278	0.66%	206	1.82%	275.76%
Black, NH	6,405	1.84%	1,000	8.83%	479.89%
Hispanic	18,986	5.47%	1,484	13.10%	239.49%
Other Minorities	7,741	2.23%	0	0.00%	0.00%
White, NH	329,015	94.74%	8,046	71.05%	74.99%
Total	347,277	100.00%	11,325	100.00%	
Total Minority	37,248	10.73%	3,279	28.95%	269.80%
Economic Need (Total)	29,511	8.50%	3,646	32.19%	378.71%
Minority Economic Need	6,462	1.86%	2,363	20.87%	1122.04%
Frail/Disabled 65+	41,415	11.93%	14,393	127.09%	1065.30%
75+	107,344	30.91%	8,492	74.98%	242.58%

\* Source : U.S. Bureau of Census, "1990 Census of Population and Housing", summary tape file 3A

\*\* Source: AIMS Utilization Data for SFY-99



REGION II	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	1,717	1.43%	42	2.10%	146.85%
Asian/Pacific Is., NH	700	0.58%	11	0.55%	94.83%
Black, NH	2,457	2.04%	132	6.60%	323.53%
Hispanic	13,542	11.26%	579	28.95%	257.10%
Other Minorities	5,331	4.43%	0	0.00%	0.00%
White, NH	110,063	91.51%	1,236	61.80%	67.53%
Total	120,268	100.00%	2,000	100.00%	
Total Minority	23,747	19.75%	764	38.20%	193.42%
Economic Need (Total)	11,770	9.79%	949	47.45%	484.68%
Minority Economic Need	4,149	3.45%	363	18.13%	525.51%
Frail/Disabled 65+	15,969	13.28%	1,746	87.30%	657.38%
75+	36,090	30.01%	1,065	53.25%	177.44%
HOME DELIVERED MEALS					
Native American	1,717	1.43%	9	0.66%	46.15%
Asian/Pacific Is., NH	700	0.58%	2	0.15%	25.86%
Black, NH	2,457	2.04%	62	4.58%	224.51%
Hispanic	13,542	11.26%	224	16.54%	146.89%
Other Minorities	5,331	4.43%	3	0.22%	4.97%
White, NH	110,063	91.51%	1,054	77.84%	85.06%
Total	120,268	100.00%	1,354	100.00%	
Total Minority	23,747	19.75%	300	22.16%	112.20%
Economic Need (Total)	11,770	9.79%	691	51.03%	521.25%
Minority Economic Need	4,149	35.25%	186	13.74%	38.98%
Frail/Disabled 65+	15,969	13.28%	1,171	86.48%	651.20%
75+	36,090	30.01%	887	65.51%	218.29%
SOCIAL SERVICE					
Native American	1,717	1.43%	49	0.65%	45.45%
Asian/Pacific Is., NH	700	0.58%	47	0.62%	106.90%
Black, NH	2,457	2.04%	362	4.79%	234.80%
Hispanic	13,542	11.26%	1,616	21.38%	189.88%
Other Minorities	5,331	4.43%	10	0.13%	2.93%
White, NH	110,063	91.51%	5,473	72.42%	79.14%
Total	120,268	100.00%	7,557	100.00%	
Total Minority	23,747	19.75%	2,084	27.58%	139.65%
Economic Need (Total)	11,770	9.79%	3,666	48.51%	495.51%
Minority Economic Need	4,149	3.45%	1,086	14.37%	416.52%
Frail/Disabled 65+	15,969	13.28%	7,037	93.12%	701.20%
75+	36,090	30.01%	3,511	46.46%	154.82%

\* Source : U.S. Bureau of Census, "1990 Census of Population and Housing", summary tape file 3A

\*\* Source: AIMS Utilization Data for SFY-99

REGION III	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	950	2.00%	306	7.80%	390.00%
Asian/Pacific Is., NH	113	0.24%	11	0.28%	116.67%
Black, NH	408	0.86%	27	0.69%	80.23%
Hispanic	2,341	4.93%	212	5.41%	109.74%
Other Minorities	672	1.41%	54	1.38%	97.87%
White, NH	45,352	95.49%	3,312	84.45%	88.44%
Total	47,495	100.00%	3,922	100.00%	
Total Minority	4,484	9.44%	610	15.55%	164.72%
Economic Need (Total)	10,482	22.07%	749	19.10%	86.54%
Minority Economic Need	4,787	10.08%	116	2.97%	29.46%
Frail/Disabled 65+	29,792	62.73%	3,099	79.02%	125.97%
75+	15,043	31.67%	1,687	43.01%	135.81%
HOME DELIVERED MEALS					
Native American	950	2.00%	46	2.17%	108.50%
Asian/Pacific Is., NH	113	0.24%	5	0.24%	100.00%
Black, NH	408	0.86%	24	1.13%	131.40%
Hispanic	2,341	4.93%	141	6.66%	135.09%
Other Minorities	672	1.41%	2	0.09%	6.38%
White, NH	45,352	95.49%	1,900	89.71%	93.95%
Total	47,495	100.00%	2,118	100.00%	
Total Minority	4,484	9.44%	218	10.29%	109.00%
Economic Need (Total)	10,482	22.07%	305	14.40%	65.25%
Minority Economic Need	4,787	45.67%	49	2.31%	5.06%
Frail/Disabled 65+	29,792	62.73%	1,875	88.53%	141.13%
75+	15,043	31.67%	1,397	65.96%	208.27%
SOCIAL SERVICE					
Native American	950	2.00%	66	3.17%	158.50%
Asian/Pacific Is., NH	113	0.24%	12	0.58%	241.67%
Black, NH	408	0.86%	48	2.31%	268.60%
Hispanic	2,341	4.93%	185	8.89%	180.32%
Other Minorities	672	1.41%	2	0.10%	7.09%
White, NH	45,352	95.49%	1,768	84.96%	88.97%
Total	47,495	100.00%	2,081	100.00%	
Total Minority	3,812	9.44%	313	15.04%	159.32%
Economic Need (Total)	10,482	22.07%	1,410	67.76%	307.02%
Minority Economic Need	4,787	10.08%	218	10.48%	103.97%
Frail/Disabled 65+	29,792	62.73%	2,809	134.98%	215.18%
75+	15,043	31.67%	2,276	109.37%	345.34%

\* Source : U.S. Bureau of Census, "1990 Census of Population and Housing", summary tape file 3A

\*\* Source: **AIMS Utilization Data for SFY-99**

REGION IV	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	672	1.39%	48	1.15%	82.73%
Asian/Pacific Is., NH	215	0.44%	18	0.43%	97.73%
Black, NH	291	0.60%	31	0.74%	123.33%
Hispanic	3,893	8.03%	561	13.44%	167.37%
Other Minorities	988	2.04%	34	0.81%	39.71%
White, NH	46,320	95.53%	3,482	83.42%	87.32%
Total	48,486	100.00%	4,174	100.00%	
Total Minority	6,059	12.50%	692	16.58%	132.64%
Economic Need (Total)	5,730	11.82%	1,084	25.97%	219.71%
Minority Economic Need	1,075	2.22%	195	4.67%	210.36%
Frail/Disabled 65+	3,094	6.38%	1,530	36.66%	574.61%
75+	12,277	25.32%	1,757	42.09%	166.23%
HOME DELIVERED MEALS					
Native American	672	1.39%	6	0.38%	27.34%
Asian/Pacific Is., NH	215	0.44%	2	0.13%	29.55%
Black, NH	291	0.60%	10	0.64%	106.67%
Hispanic	3,893	8.03%	141	9.00%	112.08%
Other Minorities	988	2.04%	12	0.77%	37.75%
White, NH	46,320	95.53%	1,396	89.09%	93.26%
Total	48,486	100.00%	1,567	100.00%	
Total Minority	6,059	12.50%	171	10.91%	87.28%
Economic Need (Total)	5,730	11.82%	320	20.42%	172.76%
Minority Economic Need	1,075	18.76%	43	2.74%	14.61%
Frail/Disabled 65+	3,094	6.38%	412	26.29%	412.07%
75+	12,277	25.32%	977	62.35%	246.25%
SOCIAL SERVICE					
Native American	672	1.39%	21	0.58%	41.73%
Asian/Pacific Is., NH	215	0.44%	5	0.14%	31.82%
Black, NH	291	0.60%	30	0.83%	138.33%
Hispanic	3,893	8.03%	275	7.57%	94.27%
Other Minorities	988	2.04%	9	0.25%	12.25%
White, NH	46,320	95.53%	3,291	90.64%	94.88%
Total	48,486	100.00%	3,631	100.00%	
Total Minority	5,071	12.50%	340	9.36%	74.88%
Economic Need (Total)	5,730	11.82%	578	15.92%	134.69%
Minority Economic Need	1,075	2.22%	129	3.55%	159.91%
Frail/Disabled 65+	3,094	6.38%	751	20.68%	324.14%
75+	12,277	25.32%	1,219	33.57%	132.58%

\* Source : U.S. Bureau of Census, "1990 Census of Population and Housing", summary tape file 3A

\*\* Source: AIMS Utilization Data for SFY-99

REGION V	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	1,290	4.03%	12	0.83%	20.60%
Asian/Pacific Is., NH	111	0.35%	3	0.21%	60.00%
Black, NH	442	1.38%	50	3.47%	251.45%
Hispanic	4,115	12.85%	324	22.48%	174.94%
Other Minorities	1,414	4.41%	17	1.18%	26.76%
White, NH	28,774	89.83%	1,035	71.83%	79.96%
Total	32,031	100.00%	1,441	100.00%	
Total Minority	7,372	23.02%	406	28.17%	122.37%
Economic Need (Total)	1,255	3.92%	0	0.00%	0.00%
Minority Economic Need	232	0.72%	0	0.00%	0.00%
Frail/Disabled 65+	2,014	6.29%	204	14.16%	225.12%
75+	8,735	27.27%	896	62.18%	228.02%
HOME DELIVERED MEALS					
Native American	1,290	4.03%	5	0.78%	19.35%
Asian/Pacific Is., NH	111	0.35%	1	0.16%	45.71%
Black, NH	442	1.38%	17	2.64%	191.30%
Hispanic	4,115	12.85%	167	25.89%	201.48%
Other Minorities	1,414	4.41%	0	0.00%	0.00%
White, NH	28,774	89.83%	455	70.54%	78.53%
Total	32,031	100.00%	645	100.00%	
Total Minority	7,372	23.02%	190	29.46%	127.98%
Economic Need (Total)	1,255	3.92%	0	0.00%	0.00%
Minority Economic Need	232	18.49%	0	0.00%	0.00%
Frail/Disabled 65+	2,014	6.29%	645	100.00%	1589.83%
75+	8,735	27.27%	418	64.81%	237.66%
SOCIAL SERVICE					
Native American	1,290	4.03%	9	0.57%	14.14%
Asian/Pacific Is., NH	111	0.35%	1	0.06%	17.14%
Black, NH	442	1.38%	8	0.50%	36.23%
Hispanic	4,115	12.85%	364	22.97%	178.75%
Other Minorities	1,414	4.41%	0	0.00%	0.00%
White, NH	28,774	89.83%	1203	75.90%	84.49%
Total	32,031	100.00%	1585	100.00%	
Total Minority	5,958	23.02%	382	24.10%	104.69%
Economic Need (Total)	1,255	3.92%	1221	77.03%	1965.05%
Minority Economic Need	232	0.72%	0	0.00%	0.00%
Frail/Disabled 65+	2,014	6.29%	258	16.28%	258.82%
75+	8,735	27.27%	673	42.46%	155.70%

\* Source : U.S. Bureau of Census, "1990 Census of Population and Housing", summary tape file 3A

\*\* Source: AIMS Utilization Data for SFY-99

REGION VI	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	351	1.29%	9	0.86%	66.67%
Asian/Pacific Is., NH	155	0.57%	4	0.38%	66.67%
Black, NH	219	0.81%	10	0.95%	117.28%
Hispanic	7,368	27.17%	266	25.29%	93.08%
Other Minorities	1,868	6.89%	1	0.10%	1.45%
White, NH	24,522	90.44%	762	72.43%	80.09%
Total	27,115	100.00%	1,052	100.00%	
Total Minority	9,961	36.74%	290	27.57%	75.04%
Economic Need (Total)	4,237	15.63%	466	44.30%	283.43%
Minority Economic Need	2,123	7.83%	145	13.78%	175.99%
Frail/Disabled 65+	1,877	6.92%	0	0.00%	0.00%
75+	7,534	27.79%	491	46.67%	167.94%
HOME DELIVERED MEALS					
Native American	351	1.29%	1	0.12%	9.30%
Asian/Pacific Is., NH	155	0.57%	3	0.37%	64.91%
Black, NH	219	0.81%	20	2.44%	301.23%
Hispanic	7,368	27.17%	345	42.02%	154.66%
Other Minorities	1,868	6.89%	0	0.00%	0.00%
White, NH	24,522	90.44%	452	55.05%	60.87%
Total	27,115	100.00%	821	100.00%	
Total Minority	9,961	36.74%	369	44.95%	122.35%
Economic Need (Total)	4,237	15.63%	351	42.75%	273.51%
Minority Economic Need	2,123	50.11%	178	21.68%	43.26%
Frail/Disabled 65+	1,877	6.92%	675	82.22%	1188.15%
75+	7,534	27.79%	507	61.75%	222.20%
SOCIAL SERVICE					
Native American	351	1.29%	12	0.40%	31.01%
Asian/Pacific Is., NH	155	0.57%	10	0.33%	57.89%
Black, NH	219	0.81%	22	0.73%	90.12%
Hispanic	7,368	27.17%	720	23.78%	87.52%
Other Minorities	1,868	6.89%	1	0.03%	0.44%
White, NH	24,522	90.44%	2,263	74.74%	82.64%
Total	27,115	100.00%	3,028	100.00%	
Total Minority	8,093	36.74%	765	25.26%	68.75%
Economic Need (Total)	4,237	15.63%	1,055	34.84%	222.90%
Minority Economic Need	2,123	7.83%	424	14.00%	178.80%
Frail/Disabled 65+	1,877	6.92%	1,339	44.22%	639.02%
75+	7,534	27.79%	1,129	37.29%	134.18%

\* Source : U.S. Bureau of Census, **"1990 Census of Population and Housing"**, summary tape file 3A

\*\* Source: **AIMS Utilization Data for SFY-99**

REGION VII	1990		1999		PERCENT OF PARITY
	60+ POPULATION ***		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	17,462	100.00%	6,064	98.97%	98.97%
Asian/Pacific Is., NH	0	0.00%	2	0.03%	0.00%
Black, NH	0	0.00%	2	0.03%	0.00%
Hispanic	0	0.00%	7	0.11%	0.00%
Other Minorities	0	0.00%	0	0.00%	0.00%
White, NH	0	0.00%	52	0.85%	0.00%
Total	17,462	100.00%	6,127	100.00%	
Total Minority	17,462	100.00%	6,075	99.15%	99.15%
Economic Need (Total)	17,414	99.73%	6,075	99.15%	99.42%
Minority Economic Need	7,276	41.67%	6,075	99.15%	237.94%
Frail/Disabled 65+	3,034	17.37%	1,100	17.95%	103.34%
75+	3,145	18.01%	1,266	20.66%	114.71%
HOME DELIVERED MEALS					
Native American	17,462	100.00%	2,506	99.92%	99.92%
Asian/Pacific Is., NH	0	0.00%	0	0.00%	0.00%
Black, NH	0	0.00%	0	0.00%	0.00%
Hispanic	0	0.00%	1	0.04%	0.00%
Other Minorities	0	0.00%	0	0.00%	0.00%
White, NH	0	0.00%	1	0.04%	0.00%
Total	17,462	100.00%	2,508	100.00%	
Total Minority	17,462	100.00%	2,507	99.96%	99.96%
Economic Need (Total)	17,414	99.73%	2,507	99.96%	100.23%
Minority Economic Need	7,276	41.78%	2,507	99.96%	239.25%
Frail/Disabled 65+	3,034	17.37%	635	25.32%	145.77%
75+	3,145	18.01%	1,242	49.52%	274.96%
SOCIAL SERVICE					
Native American	17,462	100.00%	8,570	99.25%	99.25%
Asian/Pacific Is., NH	0	0.00%	2	0.02%	0.00%
Black, NH	0	0.00%	2	0.02%	0.00%
Hispanic	0	0.00%	8	0.09%	0.00%
Other Minorities	0	0.00%	0	0.00%	0.00%
White, NH	0	0.00%	53	0.61%	0.00%
Total	17,462	100.00%	8,635	100.00%	
Total Minority	17,462	100.00%	8,582	99.39%	99.39%
Economic Need (Total)	17,414	99.73%	8,582	99.39%	99.66%
Minority Economic Need	7,276	41.67%	8,582	99.39%	238.52%
Frail/Disabled 65+	3,034	17.37%	1,735	20.09%	115.66%
75+	3,145	18.01%	2,508	29.04%	161.24%

\*\*\* Source :Bureau of Indian Affairs-National Summary report "**1997 INDIAN LABOR FORCE REPORT**" page 15  
and the "**U.S. 1990 Census of Population and Housing Summary Tape File 3A**"

\*\* Source: **AIMS Utilization Data for SFY-99**

REGION VIII	1990		1999		PERCENT OF PARITY
	60+ POPULATION *		PERSONS SERVED **		
	NUMBER	PERCENT	NUMBER	PERCENT	
CONGREGATE MEALS					
Native American	8,313	83.26%	993	100.00%	120.11%
Asian/Pacific Is., NH	5	0.05%	0	0.00%	0.00%
Black, NH	27	0.27%	0	0.00%	0.00%
Hispanic	230	2.30%	0	0.00%	0.00%
Other Minorities	0	0.00%	0	0.00%	0.00%
White, NH	1,639	16.42%	0	0.00%	0.00%
Total	9,984	100.00%	993	100.00%	
Total Minority	8,575	85.89%	993	100.00%	116.43%
Economic Need (Total)	1,721	17.24%	993	100.00%	580.05%
Minority Economic Need	1,718	17.21%	993	100.00%	581.06%
Frail/Disabled 65+	1,246	12.48%	993	100.00%	801.28%
75+	1,613	16.16%	237	23.87%	147.71%
HOME DELIVERED MEALS					
Native American	8,313	83.26%	1,257	100.00%	120.11%
Asian/Pacific Is., NH	5	0.05%	0	0.00%	0.00%
Black, NH	27	0.27%	0	0.00%	0.00%
Hispanic	230	2.30%	0	0.00%	0.00%
Other Minorities	0	0.00%	0	0.00%	0.00%
White, NH	1,639	16.42%	0	0.00%	0.00%
Total	9,984	100.00%	1,257	100.00%	
Total Minority	8,575	85.89%	1,257	100.00%	116.43%
Economic Need (Total)	1,721	17.24%	1,257	100.00%	580.05%
Minority Economic Need	1,718	99.83%	1,257	100.00%	100.17%
Frail/Disabled 65+	1,246	12.48%	1,257	100.00%	801.28%
75+	1,613	16.16%	501	39.86%	246.66%
SOCIAL SERVICE					
Native American	8,313	83.26%	1,127	100.00%	120.11%
Asian/Pacific Is., NH	5	0.05%	0	0.00%	0.00%
Black, NH	27	0.27%	0	0.00%	0.00%
Hispanic	230	2.30%	0	0.00%	0.00%
Other Minorities	0	0.00%	0	0.00%	0.00%
White, NH	1,639	16.42%	0	0.00%	0.00%
Total	9,984	100.00%	1,127	100.00%	
Total Minority	8,575	85.89%	1,127	100.00%	116.43%
Economic Need (Total)	1,721	17.24%	1,127	100.00%	580.05%
Minority Economic Need	1,718	17.21%	1,127	100.00%	581.06%
Frail/Disabled 65+	1,246	12.48%	1,127	100.00%	801.28%
75+	1,613	16.16%	518	45.96%	284.41%

\*\*\* Source :Bureau of Indian Affairs-National Summary report "**1997 INDIAN LABOR FORCE REPORT**"page 15 & 17

\*\* Source: **AIMS Utilization Data for SFY-99**

## **Intrastate Funding Formula**

The following is a description of the formula used to allocate resources in accordance with Section 1321.37.

The State Agency took the following steps to ensure compliance with provisions of 45 CFR, Part 1321.37 governing the Intrastate Funding Formula:

- ♣ Concepts for the formula were discussed with Area Agency Directors to ensure their understanding of components. The original construction of the formula with respect to rural areas and “hold-harmless” provisions in nutrition programs was maintained. All calculations were based on 1990 census data.
- ♣ The minimum base subgrant was maintained. The base consists of enough social service, nutrition, and administrative funds to establish and maintain a small but viable program.
- ♣ The formula sets aside an amount to be allocated strictly to six(6) entirely rural planning and service areas. The set-aside does not include rural areas within the two PSA’s containing SMA’s, however, the requirement for allocation of at least 105% of the September 30, 1978 level has been met in all PSA’s.
- ♣ The formula takes into account the distribution of persons aged 60 and over, as well as those in greatest social and economic need in each PSA. This has been done by assigning successively higher weights to 4 categories of persons identified by the Bureau of the Census and an additional category of persons described as residents of Native American reservations. The sum of the weighted populations was computed and used to determine the percentage distribution funds. (See below for description of weight assignments.)

### **Established Weights**

<b>Population 60+</b>	<b>Reg. I-VI (Weight)</b>	<b>Navajo (Weight)</b>	<b>ITCA (Weight)</b>
<b>Non-minority, Non-poverty</b>	<b>1.0</b>	<b>4.13</b>	<b>8.62</b>
<b>Non-minority, Poverty</b>	<b>1.65</b>	<b>4.13</b>	<b>8.62</b>
<b>Minority, Non-Poverty</b>	<b>1.1</b>	<b>4.13</b>	<b>8.62</b>
<b>Minority, Poverty</b>	<b>2.75</b>	<b>4.13</b>	<b>8.62</b>
<b>All Residents of Native American Reservations 60+</b>	<b>6.0</b>		



## Appendices

### Appendix A - State Plan on Aging Public Hearings

The State Plan on Aging public hearings were held at the following locations:

<b>City</b>	<b>Date and Time</b>	<b>Location</b>	<b>Attendants</b>
Phoenix	Tuesday, June 13, 2000 2:00pm-3:30pm	ITCA – 2214 N. Central Suite #100 (602) 258-4822	None
Phoenix - West Valley	Monday, June 19, 2000 9:30am-11:00am	Desert Winds Multigenerational Center 6501 W. Virginia 602-495-3706	18
Tucson	Tuesday, June 20, 2000 9:30am-11am	Armory Park Senior Center 220 S. 5 <sup>th</sup> Avenue 520-791-4070	19
Bisbee	Tuesday, June 20, 2000 2:00pm-3:30pm	City Hall Council Chambers 118 Arizona St. 520-432-5446	None
Sells	Wednesday, June 21, 2000 10:00am-11:30am	Tohono O'Odham Nation Legislative Chambers	119
Scottsdale – East Valley	Friday, June 23, 2000 2:30pm-4:00pm	Scottsdale Civic Center Senior Center 7375 E. Second Street, Room 4 480-312-2375	4
Casa Grande	Monday, June 26, 2000 9:00am-10:30am	Pinal/Gila Council for Senior Citizens 1895-2 N. Trekeil Road 520-836-2758	9
Yuma	Monday, June 26, 2000 2:00pm-3:30pm	City Hall Council Chambers 180 W. First Street 520-783-1274	8
Parker	Tuesday, June 27, 2000 9:00am-10:30am	Parker City Hall 1314 11 <sup>th</sup> St. 520-669-9265	3
Kingman	Tuesday, June 27, 2000 2:00pm-3:30pm	Chat and Chow Nutrition Center 1776 ½ Airway Street 520-757-8150	9
Flagstaff	Wednesday, June 28, 2000 1:30pm-3:00pm	Flagstaff City Hall Council Chambers 211 W. Aspen 520-774-5281	12
Kykotsmovi	Thursday, June 29, 2000 10:00am-11:30am	Hopi Tribe Office of Elderly Services	36
Kayenta	Friday, June 30, 2000 9:30am-11:00am	Navajo Nation Kayenta High School – Old Gym	90

A web-based link, titled Review Our State Plan, was created as an alternative method to access the State Plan on Aging 2001-2003 Advocacy and Service and Systems Development goals and objectives.

The following comments were provided at the public hearings (individual names are not recorded):

Phoenix - West Valley

- ♣ **Health care insurance and high prescription drug costs** limit a person's ability to pay for the services.
- ♣ Seniors need **transportation** to get to doctor appointments.
- ♣ Seniors need to be provided access to and availability of physicians in order to meet their **health care needs**.
- ♣ Seniors have to wait too long between doctor appointments because of our HMOs. (**health care**)
- ♣ Restrictions on formularies make it difficult to meet the needs of older adults. (**health care**)
- ♣ You need to pay attention to the **health care needs** of the low-income.
- ♣ You need to work on bringing children and seniors together, instead of working with one or the other. (**intergenerational**)
- ♣ Assisted living facilities are too expensive. (**alternative housing**)
- ♣ There is inadequate subsidized **housing** and insufficient assisted living facilities for low-income people.
- ♣ You need to have more **case managers** to investigate the conditions of the elderly.
- ♣ **Case managers** are giving evidence that they are unable to meet the needs of older adults.
- ♣ I am very angry that there is not more **safety for older adults**, both physical and personal safety for adults.
- ♣ There is poor **transportation** throughout the city. Seniors are not provided options. It is unsafe to be an older driver who obeys the speed limit. Other drivers race by you.
- ♣ I have a scooter but I feel very **unsafe** crossing the street with it to go to the grocery store.
- ♣ Med-Life is too expensive.
- ♣ The community needs to be educated on the **needs of older adults**, such as the cost for home care, screening for Alzheimer's Disease, and resources to assist seniors who have mental health needs.
- ♣ I would like to be more involved in volunteering, but **transportation** is an issue for me. The Phoenix transportation system is very inflexible.

#### Tucson

- ♣ Catholic Social Services offered a list of issues: (1) **Medications** not being taken or dosages are being reduced so that food may be purchased with modest incomes; (2) **Nutrition** is being compromised because food eligibility process is too laborious and intrusive for the meager benefits bestowed; (3) **HMOs** are reducing coverage, increasing copayments, and vacating communities for profitability; (4) **Medical** office visits are cursory – physicians are underwriting the cost of office visits because of the low reimbursement rate; (5) **Attracting and retaining competent homemakers** is difficult because of the low compensation and benefits that are paid; (6) **Decreases**

**in Social Services Block Grant funds** concomitant with Welfare Reform are reducing and eliminating less expensive preventative programs. Catholic Social Services offered their support in the Aging and Adult Administration's efforts.

- ♣ I need help with **shopping, housing, transportation**, somebody to help in my home.
- ♣ Catalina In-Home Services – Need to focus on **workforce development** to meet the needs of the elderly and developmentally disabled individuals. Direct care workers are earning low wages. There are no training dollars for direct care workers. Training money should be allocated to the long term care industry which currently requires 75-120 hours of training to become a direct care worker. A mentoring program should be developed so that they (direct care workers) will want to move on to a career in the long term care field. There is a decline in nurses. We need to recognize and value who the direct care worker is and expand the training requirements for direct care workers.
- ♣ Armory Park Senior Center – Consider **senior center** as an important part of the aging network. Conducted a citywide assessment with Pima Council on Aging and determined that awareness was gained community wide. Bonds were used to build new senior center.
- ♣ The Center – We coordinate the Tucson based Caregiver Alliance; address **workforce issues**, which are glaringly missing from the state plan. Education and public awareness needs to be addressed as it concerns our workforce. Workforce development is a priority and must be addressed prior to making policy changes within the health care system.
- ♣ Pima Council on Aging – There is a crisis in **caregiving**. **Long waiting lists**. **The reauthorization of the Older Americans Act has not occurred**. **Our funding level has remained unchanged**. This plan does not mention the Social Services Block Grant cuts and there is no mention of the need for prescription coverage for our seniors. We need to present the crisis in order to capture the need. The plan needs to include “how to” accomplish the goals and objectives.
- ♣ Pima Health Systems – **Advocacy** needs to be accomplished throughout the state. The focus needs to also be on **funding issues**. SSBG is used in Arizona for direct care services. The cuts are going to dramatically effect direct care services provision. We need to stabilize and secure funding.
- ♣ It is scary how kids are acting today. I fear for my future.

## Sells

- ♣ There is a need for **housing and repairs** and meeting our (older persons) basic needs.
- ♣ I need an enrollment card because my wife is in the hospital. (**health care**)
- § There are two elders staying with me. I am concerned about my **roof being repaired**.

- ♣ There are elders who cannot get around and need **home delivered meals**.
- § I would like more information relevant to the needs of older persons, **intergenerational opportunities, education for children of elders and how to care for their parents**.
- ♣ **Transportation** is an issue for us. We need to advocate to the Arizona Department of Transportation for road improvements to make access to the elders better.
- ♣ We need to increase the activities for the elderly at the local **senior center**.
- ♣ **Inadequate funding** to carry out the activities – are the formula we are getting our fair share?
- ♣ The Nation does not have an APS code. Elders do not want to change. I am inviting everyone here to learn about and collaborate to stop **elder abuse**.

#### Scottsdale – East Valley

- ♣ Alzheimer's Association – Addressed the following points: (1) Would like to encourage you to continue advocating for **increased funding** for HCBS and urge you to step up your commitment to this cause. Make in-home services a clear department priority. (2) We support you in your effort to **re-evaluate the respite service delivery mechanism**. (3) We agree that increased attention to **health, safety and quality of care** is an important effort. We urge you to consider the need for education on wandering prevention and urge you to make it an internal priority for further study. (4) We encourage you to consider the **inclusion of dementia specific educational materials** for your own staff development and for any external training.

#### Casa Grande

- ♣ University of Arizona is trying to eliminate their gerontology department. We need to encourage students to take courses to expose them to the needs of older persons and prepare them for a **career in gerontology**.
- ♣ There is a need to monitor seniors and provide **respite care for caregivers** who are stressed out. Respite services must be publicized.
- ♣ My husband was diagnosed with **Alzheimer's Disease** at 36 and died at 40.
- ♣ We need to focus on providing **assistive devices** to elders and prevention of abuse, neglect, exploitation of elders.
- ♣ I would like to see **senior centers** carry information on Parkinson's Disease.

#### Yuma

- ♣ Catholic Community Services – offered the following comments: (1) There is **inadequate staffing** at the nursing homes. There is difficulty in making hospice services available. (2) 20% of people in the senior centers are afflicted with **depression**. 95% of people that participate in senior center

activities only have others at the senior centers as their “family”. (3) This year has been hardest for **volunteers** as people are going back to work.

- ♣ Hospice of Yuma - Coalition on Aging in Yuma makes seniors aware of senior services and senior issues. **Money is not available to make issues known.** Difficult making hospice services known through physicians.
- ♣ The Excel Group – offered the following comments: (1) Should explore best practices such as **Eldervention**. (2) **Limited funding** for behavioral health programs. (3) Staff who work with the elderly do not understand the needs of the elderly and this speaks to the need for **staff development**. (4) Arizona is the lowest funded state for **mental health**. Funding is spent on the seriously mentally ill and then on substance abuse. No dollars are left for program development for mental health services for the elderly. Prevention dollars are being used up. (5) Develop **culturally appropriate programs**. How people view and how they access the programs varies according to their culture. (6) Patients in nursing homes are more costly than setting up **services in the home**. (7) Use stations as part of the marketing plan for public service announcements in order to assist the needs of older persons.
- ♣ Area Agency on Aging – offered the following comments: (1) Career center does not work well **referring clients to Title V**. (2) **Interagency communication is lacking**. There is a need to improve dialogue between agencies. (3) Need to have some **money attached to mental health** to advocate for funding. (4) Nursing home in Kingman remodeled rooms for families to bring their **Alzheimer’s** patients in for a short stay. There is a need to educate the community about what is available. (5) Need money to get word out about **volunteering**. People like the State Health Insurance Assistance Program and Ombudsman because it is state run and validates the people.
- ♣ Adult Protective Services - **APS** staff is overworked. The staff is spread too thin. Need for **shelters for the elderly**.
- ♣ Library received a grant for vision impaired people. A directory of services is needed as to prevent the duplication of existing programs.
- ♣ There are no **elder shelters** available in Yuma.
- ♣ Governor’s Council on Developmental Disabilities - Developmentally disabled clients in adult day health cannot get **funding** either through the Division of Developmental Disabilities or anywhere else.

#### Parker

- ♣ Area Agency on Aging – offered the following comments: (1) Financial support should be provided for **intergenerational** programs for example, seniors who work with children are required to pay for fingerprinting costs. (2) **English/Spanish brochures** are made available to clients. (3) Short lead time when alerts are issued more time is needed to get the word out to people, for example newsletter could **inform the aging network**. (4) Work

towards building relationships with **One Stop Centers and Title V**. Assisting seniors to find employment. (5) **Cuts in SSBG spending** – where will the money come from? (6) Caregivers for aging parents – **caregivers** need to care for themselves – guidance counseling to inform them of what they are facing. (7) **Caregivers** have had to quit their jobs to care for their aging parents. They want to know if something is available for them. There are no resources. (8) Bottom line is **funding** – We would like state support for **volunteers**, for example, Michigan gave over \$1 million to volunteer programs. Eighteen states have followed their lead. The funding is used to support recruitment of volunteers. (9) **Hepatitis C** is becoming an issue. The Department of Health addresses A and B more than C. Medication for Hepatitis C is not available through the health department.

- ♣ Catholic Community Services – offered the following comments: (1) **Cuts in funding for HCBS** are creating problems. (2) Workshops are needed to train others in recognizing signs of **depression**. I have had some clients commit suicide.

#### Kingman

- ♣ Adult Protective Services – offered the following comments: (1) Public service announcement with a local cable company. Partnered with them to inform viewers of the programs and benefits provided through the state. (2) **Mental health** providers will not address the dual diagnoses. Therefore, memory disorders should be eliminated from Advocacy Goal 8. (3) The word “**shelter**” in Advocacy Goal 9, Objective 2, should be modified as an abused person needs services and not just a bed.
- ♣ Goal #8 (improving the quality of long term care) of the Service and System Development Goals needs to be reevaluated to include the need to address the **difficulty in in-home services being provided**.
- ♣ It is a shame that an U.S. citizen is asked to do without, while other governments are given our (America's) money. Our children are undereducated.
- ♣ Area Agency on Aging – offered the following comments: (1) Food banks and other agencies are totally staffed with **volunteers**. (2) People who need **assistive devices**, such as hearing aids, need advocacy to speed up the time for receipt of the assistive devices. It can take 3-4 weeks.
- ♣ Most **seniors are lonely** and need contact with others.
- ♣ There are no emergency shelters for the elderly in this area.

#### Flagstaff

- ♣ Area Agency on Aging – AAA needs to put plans in place from the state plan.
- ♣ Coconino County Community Services Department – offered the following comments: (1) Need to find ways to get the word out. People do not know what the **aging issues** are. (2) We need to look at what areas are in the

most need of **volunteers**. (3) Survey results indicated seniors do not feel **involved in the community**. (4) We face a challenge of **retaining volunteers** who are being pulled into children's programs versus elderly programs.

- ♣ Coconino County Council on Aging – offered the following comments: (1) The plan does not say how you accomplish the goals and objectives. It does not address who **monitors the plan**. (2) There is a need to increase the number of **volunteers**.
- ♣ Limited **funding** effects **transportation**.

#### Kykotsmovi

- ♣ Hopi Veteran's Services – offered the following comments: (1) Income means more than taking care of the elderly. We must consider who takes care of the **homeless elderly**. Need a day care center for them. (2) Need to look at where the elderly are living. They do not always qualify to have their homes upgraded. They could remain home if they had electricity and plumbing. We need to advocate for **more money** to hire more people. **Transportation** is a major problem.
- ♣ Bacavi Elderly/Adult Program – More parents are leaving their children with **grandparents**.
- ♣ Hopi Office of Elderly Services – Hopi's children's code makes the decision on who gets guardianship. Social workers make the referral to get services. We need a center for **intergenerational** groups to come to. The center would provide the resources, where to get the resources, and some role playing.
- ♣ Inter Tribal Council of Arizona – We need more **funding** and planning for the Native American population.

#### Kayenta

- ♣ **Housing and transportation** are problems for me. I live in too small of a house to accommodate my 9 grandchildren. Their father cannot work due to an injury.
- ♣ I suffer from vision and respiratory problems.
- ♣ Need assistance to adopt my **grandchildren**. I have experienced difficulty in adopting my grandchildren.
- ♣ I have raised 2 **grandsons**. Their mother is in Flagstaff and their father has left the family. I need assistance.
- ♣ My biggest problems is that there are no facilities for seniors 70 years and older. When we go to **senior centers** outside of the reservations, we are subject to foods that are not from our culture.

- ♣ I am having problems with my **rent** payments. The Navajo Housing Authority adds penalties when you are late. Access to medical facilities is also a problem for me. I am unable to get to medical facilities in a timely manner. Also, many Navajos have the same last name and checks are getting to the wrong people and getting cashed. I am afraid to call the authorities on this.
- § Dennehotso Senior Center – **Elders need to participate at the local meetings and get involved.**
- ♣ Sweet Water Senior Center – We need to **advocate** for high risk clients. Suggest rural areas make **services available in client's home** so that they do not need to go to a facility. Services are provided through ALTCS.
- ♣ We need more workers for the **senior centers**, such as gerontologists.
- ♣ Children that have special needs – we need help to keep them at home.
- § Tuba City Senior Citizen Council – Tuba City elderly population has increased due to the people from land dispute areas have moved (into the community to find a better life). Other elderly have moved from other areas to Tuba City because of the convenience available. We have a need **for expanding our elderly programs – meals on wheels, transportation, volunteer involvement, etc.**
- ♣ **Behavioral health and alcohol abuse** is a major problem.
- ♣ Need for a **senior citizen center** in Sweetwater.
- ♣ There has not been any comments from the group regarding **elder abuse** (Advocacy Goal 9) because it is an embarrassment to the elderly. Because of our culture, the issue is hard to talk about. There is a lot of financial exploitation with the banks.
- ♣ We need a new program to provide **funds** in this area of abuse. Elders receive the leftovers.
- ♣ I am concerned that elders are not getting accurate information on **financial exploitation**. When this information is referred to a case manager, it is rejected because they do not see it as a crime.
- ♣ Although the comments regarding **elder abuse** have been negative against the Navajo government, we still need to support the government.
- ♣ **Financial exploitation** with the banks are a major problem.
- ♣ Area Agency on Aging – Main concern is the **lack of funding** for senior centers, for utilities, funds to pay service providers.
- ♣ The distribution of the **funds** for the Navajo Nation are not distributed properly. Better services if the tribe party agreement is changed.
- ♣ Local Senior Council – Need for a strong **advocate of elderly issues.**



Appendix B - Governor's Advisory Council on Aging - Letter of Approval



GOVERNOR'S ADVISORY COUNCIL ON AGING

1991-2000 • A DECADE OF PREPARATION

August 4, 2000

The Honorable Jane D. Hull  
Governor of Arizona  
State Capitol  
West Wing, 9<sup>th</sup> Floor  
Phoenix, AZ 85007

Dear Governor Hull:

The Governor's Advisory Council on Aging is mandated by state law to recommend approval by your office for the State Plan on Aging. The Council has studied and reviewed the State Plan for Fiscal Year 2001-2003, and in coordination with the Aging and Adult Administration, Arizona Department of Economic Security held thirteen public hearings statewide. As a result of the hearings, some minor revisions to the Plan were made.

The State Plan on Aging, drafted by the Aging and Adult Administration is in our judgment an excellent document. The Council on Aging enthusiastically endorses the plan and recommends your approval.

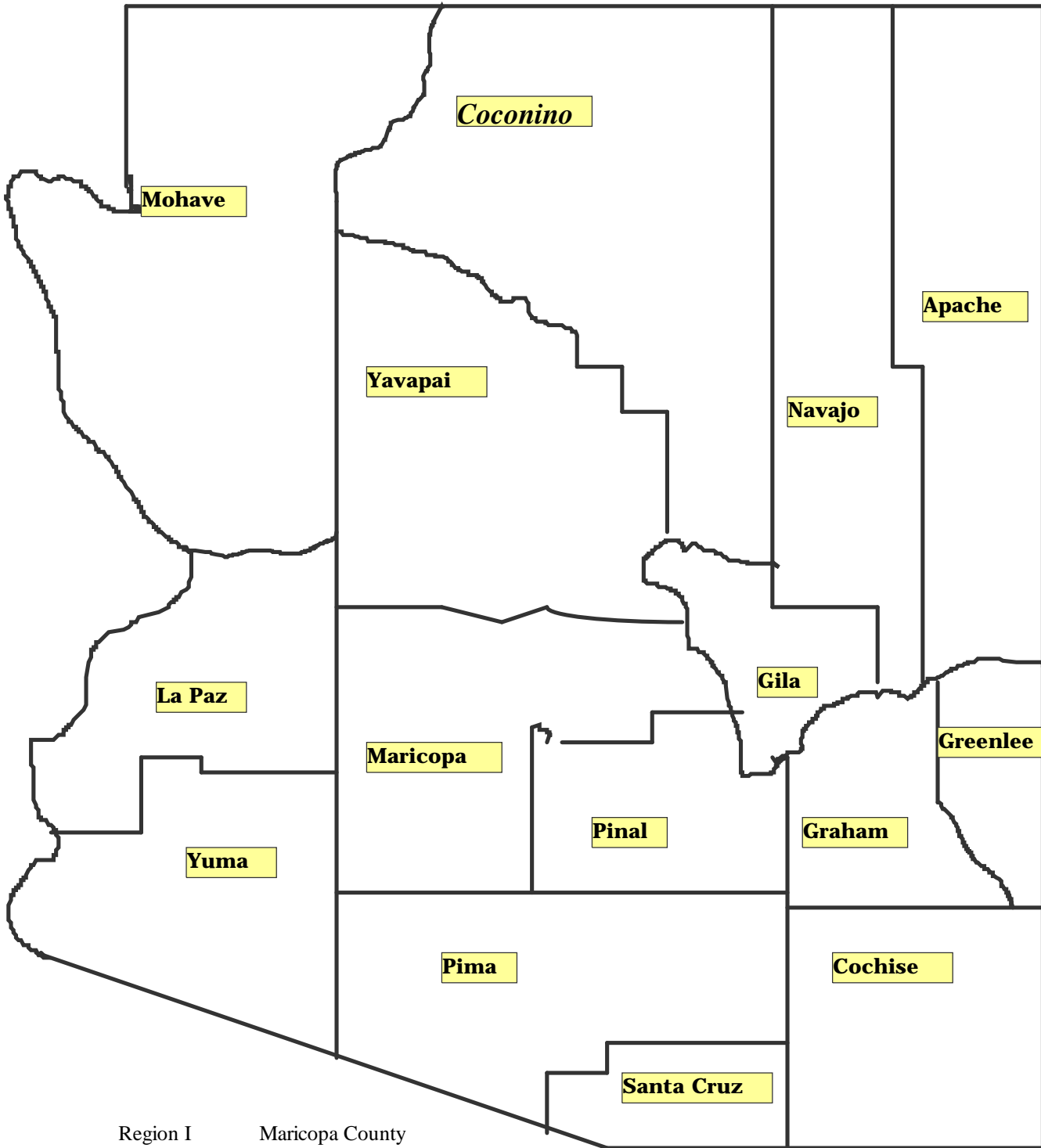
Sincerely,

Daniel Geygan  
Council Chairman

DG:br

C: John Clayton

# Appendix C - Planning and Service Area Map



Region I	Maricopa County
Region II	Pima County
Region III	Apache, Coconino, Navajo & Yavapai Counties
Region IV	La Paz, Mohave & Yuma Counties
Region V	Pinal & Gila Counties
Region VI	Cochise, Graham & Santa Cruz Counties
Region VII	Navajo County
Region VII	Intertribal Council of Arizona: Ak Chin, Camp Verde, Cocopah, Colorado River, Fort Apache, Fort McDowell, Fort Mohave, Gila River, Havasupai, Hopi, Hualapai, Kaibab-Paiute, Papago, Pascua Yaqui, Salt River, San Carlos, Tonto Apache, Yavapai-Prescott Reservations